Psychology Internship Program In Health Service Psychology: Policies and Procedures

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Note: Significant portions of this manual are adapted or extracted, in whole or in part, from exemplar programs.

The VASNHS Psychology Internship Program in Health Service Psychology accepted its first class of three interns on 7/1/2015. The program was granted Full Accreditation status by the American Psychological Association on August 7, 2020 with our next accreditation site visit scheduled for 2023. The Psychology Internship Program at VASNHS is also an APPIC member. The information provided in this document will be updated yearly and as appropriate. If you have questions that are not adequately addressed by the following, please contact the Psychology Training Director.

Number of Interns: Expected for 2023-2024: 3
Stipend: $26,690 (2022-2023)

The internship is for one full year (2080 hours), beginning on July 5th, 2023. It is the policy of VASNHS' Psychology Internship Program that all Interns must be present on the final day of Internship. Stipends are paid in 26 bi-weekly installments. For additional information go to:

http://www.psychologytraining.va.gov/benefits.asp

Requirements for Admission

To be considered for admission, candidates must be graduate students in good standing in an APA- or CPA-accredited program in clinical or counseling psychology. They must have completed their master's degree or equivalent and have completed their doctoral comprehensive/qualifying examination or equivalent. Candidates must be certified as ready for internship training by the Psychology Training Director of their doctoral programs. In addition, VASNHS Psychology Internship Program applicants must have their dissertation proposal approved prior to application. Selected interns must have capabilities and goals consistent with the mission, goals and objectives of the Psychology Internship Program. Applicants must be U.S. citizens. Applicants must be fully vaccinated for COVID-19 (or have medical waiver – non-vaccinated Interns approved for medical waiver must submit weekly COVID test results at the Intern's expense) at the start of the internship (COVID vaccination exemptions for religious reasons are subject to approval).

The Psychology Internship Program encourages applications from qualified candidates, regardless of gender, race, ethnicity, sexual orientation, disability or other minority status. The internship aims to foster a diverse psychology workforce and supports an inclusive work environment that ensures equal opportunity. We encourage psychology trainees of diverse backgrounds, in all of the ways that diversity is expressed, to apply to the Psychology Internship Program.

The VASNHS Psychology Internship Program faculty members and the Psychology Training Director will vet applicants. Typically, well qualified candidates would be invited to visit the local facilities, at their personal expense; however, given the COVID19 pandemic, we will be conducting virtual interviews via video conferencing platforms for the 2023-2024 year. Interviews will be conducted with the Psychology Training Director

and other training faculty members. Interviews will be conducted throughout the month of January.

The Psychology Training Director, with input from program faculty members, will make the final decisions for rankings. Per APA/APPIC policy, no information regarding rankings shall be given or received.

Application Procedures

- Compliance with Eligibility Requirements for all VA Psychology Training Programs, articulated at:
    - Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations
    - Am I Eligible? Checklist for VA HPTs
    - VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees
    - Trainee Qualifications and Credentials Verification Letter (TQCVL) - Office of Academic Affiliations (va.gov)
    - http://www.psychologytraining.va.gov/eligibility.asp
- Completed AAPI materials
- Cover letter
- Current curriculum vitae
- Official graduate transcript(s)
- The Academic Program's Verification of Internship Eligibility and Readiness
- Three letters of recommendation, from clinical supervisors and advisors who will speak directly about the quality of your clinical and/or academic work
- Background check upon hire
- All materials must be submitted for review online by November 21, 2022 at 11:59 p.m. (EST). This internship site follows the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant
- We will notify applicants of selection for an interview by December 16, 2022 by 5 p.m. (PST). Interviews will be conducted virtually starting in early January.

For more information about application processes you may contact the following individuals:

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Accreditation Status

VA Southern Nevada Health Care System, Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), which defines and administers the manner in which offers of internship and acceptances are conducted. VASNHS participates in the computer matching program https://natmatch.com/psychint/) and follows all APPIC policies. We take APPIC and APA guidelines seriously and are committed to full adherence.

The Psychology Internship Program at VASNHS is Fully Accredited by the American Psychological Association with our next accreditation site visit scheduled for 2024. For information regarding APA accreditation, potential applicants are referred to the Commission on Accreditation: Office of Program Consultation and Accreditation, American Psychological Association 750 1st Street, NE, Washington, DC 20002. Phone: (202) 336-5979.

E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

The Overall Training Setting

VA Southern Nevada Healthcare System (VASNHS) currently has 70 approved psychologist positions. Most psychologists, as well as interns, report to Behavioral Health Service. Behavioral Health Service has over 400 full time providers across disciplines. Due to increased demand for VA services within the area, VASNHS has experienced rapid expansion and restructuring over the last several years. This has prompted increased rates of onboarding staff and the opening of new facilities.

VASNHS provides outpatient, residential, and inpatient medical services to Veterans residing in Southern Nevada with an official catchment area of Clark, Lincoln, and Nye Counties. VASNHS also draws Veterans from Arizona, Utah, and California. VASNHS is geographically dispersed within the metropolitan Las Vegas area, Henderson, Pahrump, and Laughlin, Nevada. In addition to the VA Medical center, the VA provides Primary and Specialty Care services among several clinical sites located within the Las Vegas valley. This includes the Northwest Primary Care Clinic (PCC), Northeast PCC, Southwest PCC, and Southeast PCC. Community Based Outpatient Clinics (CBOC) are located in Pahrump, NV and Laughlin, NV to provide rural health care to Veterans.

VASNHS opened a comprehensive medical center in 2012 that provides specialty and inpatient services. Inpatient services include 90 Medical, Surgical, Psychiatric, ICU, Step-Down, and Rehabilitation beds. An Emergency Department is located at the medical center. The medical center expanded to Educational and Administrative buildings, which were activated in FY 2015. The Fisher House groundbreaking took place in March of 2015 and was opened in February of 2016. VASNHS also maintains a Community Referral and Resource Center (CRRC) for homeless and at-risk Veterans at the Northeast Primary Care Clinic. Another important building is the Veterans Recovery

Center (VRC), which includes a Psychosocial Rehabilitation Recovery Center (PRRC), a Mental Health Intensive Case Management (MHICM) team, a Compensated Work Therapy (CWT) team, a Suicide Prevention team, a Veterans Justice Outreach (VJO) team, and some Couples and Family Services staff. VASNHS maintains a joint venture with the Department of Defense, 99th Medical Group, at the Mike O'Callaghan Federal Medical Center (MOFMC).

In 2019, VASNHS opened the Las Vegas VA Residential Recovery and Renewal Center (LVR3). As VASNHS continues to expand person-centered services to meet the needs of Veterans, the inauguration of LVR3 marked the first behavioral health residential program at the VA Southern Nevada Healthcare System. LVR3 is a 45-60 day, 20-bed substance use and gambling disorder residential treatment program, with five dedicated rooms for female Veterans. Interns may be offered the opportunity to train within the LVR3 via group psychotherapy and individual psychotherapy options.

Psychology Setting within VASNHS

Psychological services and training at VASNHS are predominantly under the purview of the Behavioral Health Service. The Behavioral Health teams have a collaborative interprofessional emphasis with the following disciplines: psychology, psychiatry, social work, nursing, primary care medicine, pharmacy, recreation therapy, and peer support specialists. Psychologists hold important positions in key areas such as PTSD, Addictive Disorder Treatment Program, Neuropsychology, Pain Management, Home-Based Primary Care (HBPC), Suicide Prevention, Acute Inpatient, Psychosocial Rehabilitation and Recovery, Primary Care Mental Health Integration (PCMHI), Couples and Family Services, and the Behavioral Health Integration Program (BHIP). Several BHIP and PCMHI psychologists practice within the four primary care clinics. BHIP teams practice at the forefront of interprofessional collaborative care. Interdisciplinary staff interface with teams that include two psychologists, two clinical social workers, two psychiatrists, mental health treatment coordinator, OIF/OEF case manager, and a peer support specialist. Interdisciplinary team meetings occur daily where the unique contribution of each member is central to collaborative care decisions emanating from Veterans' self-articulated recovery plans. BHIP teams represent a state-of the-art opportunity for interns to hone clinical and professional skills within an interprofessional collaborative care model.

Patient Population

Since 1972, VA Southern Nevada Healthcare System has been improving the health of the men and women who have so proudly served our nation. Services are available to more than 240,000 Veterans living in our catchment area. Within the sunny Las Vegas valley and surrounding areas, VASNHS provides health care services to more than 65,000 patients yearly, exceeding 900,000 outpatient visits per year. In Fiscal Year 2019, VASNHS Behavioral Health Service had 115,851 appointments and 17,187 unique patients. VASNHS serves a predominantly male population ranging in age from 18 to 90 or more years. In recent years, the number of women (~9%) and younger

Veterans accessing services has steadily increased. All racial/ethnic groups are represented and there are large Filipino and Pacific Islander communities. There are varied socioeconomic and demographic classifications amongst our veterans throughout the valley.

Preface

The VA Southern Nevada Healthcare System (VASNHS) internship was developed to address community and Veterans Health Administration needs within the greater Las Vegas Metropolitan area with respect to recruiting and training newer psychologists. VASNHS is steadfast in its commitment to providing high quality training to psychology interns with emphasis toward preparation in VA and public sector careers.

At VASNHS, the internship year is conceptualized as a set of clinical and professional skills that interlock. The internship training year includes a year of intensive clinical training under the supervision of multiple licensed psychologists. In addition to direct supervision from licensed psychologists, interns will work within dynamic interdisciplinary professional teams consisting of medical and allied health professions. Training at the VASNHS is crafted to expand and enhance professional psychology competencies.

The program trains doctoral candidates to function as autonomous professionals in varied health care settings, with an emphasis on the role of the psychologist in state-of-the-art medical settings. Within a generalist model, the Psychology Internship Program (PIP) also seeks to provide strong grounding in fundamental and advanced practice skills within particular areas of emphasis (i.e., Addictive Disorders, PTSD, Couples and Family Services). Acquisition of core competencies in Evidence-Based Psychotherapies within the intern's rotations is paramount. The practitioner-scholar model of training in psychology is highly emphasized. Training is experiential, supervised, and graded in complexity. Learning in psychology internship is a developmental and sequential process leading toward the ultimate goal of independent practice. The PIP is designed to promote professional competency and engender skills in complex clinical reasoning.

In addition to acquiring technical skills, development of the intern's professional identity equally lies at the core of the Psychology Internship Program's goals. Professional identity includes multiple components such as theoretical orientation, professional interaction style, and area of emphasis. A significant portion of the psychologist's professional identity is developing a keen understanding of the unique and additive contributions of health service psychology. The professional psychologist appreciates how psychology interconnects with the contributions of other disciplines. An additional component involves an understanding of professional behavior and conduct. This includes legal and ethical competency, as well as awareness of the self in professional practice. The internship program emphasizes that how we practice can be as important as what we practice. Overall, the growth of professional identity, along with the attainment of core clinical competencies, will prepare interns for successful entry into the profession.

Introduction

Purpose of the Training Manual

The aim of this manual is to orient interns to policies and procedures. This manual articulates the policies and procedures of the Psychology Internship Program (PIP) at VA Southern Nevada Healthcare System (VASNHS). Unanticipated circumstances may arise that require exceptions or modifications to the guidelines included in this document.

Overview of the Program

The internship is a generalist program designed to train clinical and counseling doctoral candidates for competent professional work in the postdoctoral year or in entry-level psychology positions. The basic requirement of the training program is satisfactory performance in applied clinical work in General Mental Health (BHIP) and Primary Care Mental Health Integration (PCMHI), one area of emphasis (i.e., Addictive Disorders, PTSD, Couples and Family Services), and a minor rotation in psychological assessment (which includes neuropsychology assessments and health psychology assessments). Evidence-Based Psychotherapy is taught at-length and expected to be used within each rotation. Clinical experience is supplemented by a variety of educational offerings.

Clinical experience is gained during four 12-month placements. This rotation system is designed to provide opportunities within General Mental Health, Primary Care Mental Health Integration, an area of emphasis, and a minor rotation in psychological assessment. The psychological assessment experience occurs concurrently with the other rotations. Prior to selecting placements, interns receive current information about the experiences available in each rotational element, and are guided based on individual goals and prior experience with the objective of tailoring a well-rounded internship.

Administrative Information

Work Hours

Like other Medical Center employees, interns work a 40-hour week, with hours varied due to rotational requirements. Some units organize their week to include one or more days when the staff works different hours (e.g., 12:00 pm – 8:30 pm). The Training Director must be notified in writing of such non-standard schedules to ensure that interns are not expected to work excess hours.

Leave and Benefits

Interns accrue four hours each of annual leave* (vacation) and sick leave per pay period (26 total pay periods). Interns receive all federal holidays. *Individuals with prior federal

service or veterans may qualify for additional hours of annual leave per pay period

Annual Leave: Annual leave requests should be made in advance. The leave approving official must act upon a formal and timely request for annual leave at the time requested or as soon thereafter as a decision, based on workload and available manpower, can be made. If a request must be disapproved, the leave-approving official must give the reason and initiate action to reschedule the leave.

Except in an emergency, planned leave time must be first discussed with the supervisor, taking into account clinic and patient coverage issues, and subsequently, submitted electronically for approval by the Behavioral Service Timekeeper. Per VA policy, leave may be used only after it is accrued. Leave requests must be submitted at least 45 days in advance. Planned leave requests should be emailed to all supervisors with the Training Director carbon copied on the email. Once all supervisors have replied approving or disapproving the requested leave, the Training Director will approve/disapprove. Interns must then complete a LEAF request to have clinics blocked and enter leave in VA Time and Attendance System (VATAS).

Sick Leave: To request sick leave, the intern will notify the Training Director by phone as soon as possible and as per overarching medical center policy. Intern will also notify all supervisors for that day via phone as soon as possible. Sick leave, properly requested, shall be granted for any of the following reasons: a) The employee is incapacitated for the performance of duties by physical or mental illness, injury, pregnancy, or childbirth; b) When the employee receives medical, dental, or optical examination or treatment; and/or c) When, through exposure to contagious disease, the presence of the employee at work would jeopardize the health of others. If a supervisor has reason to believe that an employee is abusing the entitlement of sick leave, a medical certificate acceptable to management may be required for any period of absence. The employee will receive advance written notification from his/her supervisor if this requirement is to be established. Failure to provide acceptable medical certification when this requirement is established could result in disapproval of sick leave and subsequent disciplinary action. Generally, requests for sick leave are made within the first two (2) hours of the start of the employee's shift. Sick leave will be reaccredited to an employee's leave account upon being reemployed if the employee separated on or after December 2, 1994. Sick leave balances credited for retirement annuity purposes will not be restored. If you are out of the office on sick leave for 3 days or more, you must provide a note from your medical provider clearing you to return to work. Upon returning to work, the intern must enter sick leave in VATAS.

Leave Without Pay (LWOP): is a temporary non-pay status and absence from duty. Approval of LWOP is a matter of administrative discretion. Circumstances that would justify approval of sick leave or annual leave will generally be sufficient basis for approval of LWOP. LWOP will ordinarily be granted only for reasons considered to be in the interest of VA, either directly or indirectly. When LWOP is expected to exceed thirty (30) consecutive calendar days, the employee will submit written request to his/her Service Chief.

Authorized absence (leave that does not count against annual leave) may be granted for attendance at conferences, workshops and professional meetings. In addition, the Training Director may grant interns one day of authorized absence for the dissertation defense at their graduate institution, and up to two days of authorized absence for necessary travel time. For those interns who have completed their oral defense prior to the start of the internship (and are therefore unable to utilize this leave), up to two days of authorized absence can be granted for professional job interviews and associated travel, in order to support their equivalent next step in career development. A maximum of 5 days of authorized absence can be approved in the training year.

For additional leave information please see:

http://apps.lasvegas.va.gov/sop/documents/MCM-05-06.pdf

Health Profession Trainees (HPTs) directly paid by VA are appointed under authority 38 USC 7405 subsection (a)(1) for a temporary period, not to exceed one year (2080 hours or less). All direct VA-paid HPTs, to include interns, residents, fellows, externs, trainees, and students, shall be appointed in one-year intervals, renewable on an annual basis for no more than three years. Refer to the Paid AH and Nursing HPT Appointment Schedule Guidelines for updates.

a. A Trainee Qualifications and Credentials Letter (TQCVL) is required prior to all initial and subsequent HPT appointments.
b. HPTs appointed for 90 days or more and who participate in training a minimum of 130 hours per month meet the eligibility requirements for some Federal Employee Health Benefits (FEHB). HPTs can enroll in FEHB on their first day at VA and be covered by the first pay period. If there are additional questions, please contact your local HR staff.

Early Completion

VA policy requires that Interns remain on duty through the completion of the training year. The APA Commission on Accreditation (CoA) requires that the internship be a one-year experience, and most state licensing regulations require interns to complete 12 calendar months of training. Under exceptional circumstances, the Training Committee can allow an intern to leave the internship early and still be credited with completion of the internship. This requires that the intern have satisfactorily completed the required number of hours (2080) as well as attained the requisite competency benchmarks at the time of early departure. This would necessitate that an intern voluntarily work in excess of the standard 8-hour day for a period of time sufficient to accumulate the needed hours. Any request to receive credit for hours in excess of the 8-hour day must be approved by the Training Director, after initial approval by the supervisor. It is incumbent upon the intern to investigate any potential licensing complications. This option is only available under extreme circumstances. The internship is specifically designed around a 12-month clinical immersion experience.

Administrative Organization

Psychology Training Director: The Training Director is appointed by, and reports to, the Chief of Psychology. The Training Director is responsible for the overall functioning of the psychology training program.

Associate Training Director: The Associate Training Director is appointed by, and reports to, the Chief of Psychology and the Training Director. The Associate Training Director is responsible for the overall functioning of the practicum program and functions as Psychology Training Director during his or her absence. The Associate Training Director assists the Training Director with various administrative tasks as well.

Training Committee (TC): The Training Committee formulates training policies and procedures. The task of the Training Committee is to serve the needs and goals of the Psychology Internship Program, practicum trainees, the Behavioral Health Service, and the larger medical center in regard to training issues.

1. The Training Committee consists of full-time rotation supervisors as voting members: no less than six psychologists, one intern, as well as one non-voting ex-officio member.

    - The Training Director is a permanent member who sequences agenda items and chairs the TC meetings.

2. If a Training Committee member (either staff or intern) experiences a conflict of interest in a decision to be made by the TC, the member is expected to bring this to the attention of the committee, and to abstain from voting on the issue.

3. The Training Committee may meet as a whole to consider issues that pertain to all levels of training, though more usually meets in subcommittee to consider issues that pertain solely to the internship or practicum programs.

4. The Training Committee meets as a whole or in subcommittee no less than bi-monthly, and at the call of the Training Director when there are specific agenda items to be considered.

5. Any staff member, intern or practicum student may request that the Training Committee consider an issue. Such requests should be submitted in writing to the Training Director. The Director will inform the person of the date the issue will be considered. Staff members and trainees who propose agenda items are invited to attend meetings when their agenda items are to be discussed. Meetings of the TC are open, with the exception of sessions that address the performance of individual persons.

6. Decisions made by the Training Committee are based on information obtained from staff, trainees, and/or other involved parties. This information may be requested by memo, questionnaire, interview, or open discussion. Decisions that change the policies of the program will be written and distributed as updates to this manual. The manual is continuously available on a specific folder within the Behavioral Health Service electronic archives. The folder is only accessible from VA Southern Nevada Healthcare System computers to appropriate staff and trainees.

7. Major policy decisions will be made by the Training Committee as a whole, or relevant subcommittees, only when a quorum of voting members is present. Preferably, such decisions will reflect a consensus of the committee, but if this is not possible, a simple majority will prevail. The decisions of the TC will be implemented unless the Service Chief declares them not feasible in the light of broader Behavioral Health, Medical Center or VA considerations. In such situations, the Service Director will discuss these concerns with the TC at the earliest possible time. The Psychology Training Director is permitted to make minor editorial changes without TC approval. Such updates will be appropriately disseminated by posting of the updated manual to the Internship folder within the Behavioral Health Service's electronic archives.

8. The Training Committee may refer some issues for discussion or vote by the staff and/or trainees.

Training Program Involvement

Beyond rotating service to the Training Committee, interns are asked to serve in other capacities as means of professional development nested within a junior colleague model.

1. Intern and Practicum Selection: A committee comprised of the Training Director, faculty and trainees evaluate applications, conduct interviews, and convene regarding selections.

2. Seminars**:** Interns are asked to provide information about their learning goals and areas of growth, and to be actively involved in the selection of future seminar topics. Interns will present job talk and or/case studies during the educational seminar. A faculty member coordinates the scheduling of appropriate speakers with the input of interns.

3. Psychology Trainee Orientation: With the input of staff, interns, and practicum students, the Training Director schedules and carries out orientation activities for incoming interns and practicums. Returning trainees are asked to take part in training activities as appropriate.

4.

Training Program Resources

Supervisors

Supervisors are a vital resource to the training program. High quality supervision is the center of the training faculty's values. Supervisors model clinical and professional conduct. Similarly, supervisors are responsible for the provision of clinical and professional feedback. Supervisors facilitate the inculcation of interns within the treatment milieu. Supervisors also affirm the intern as important member of clinical and professional teams. Supervisors coordinate interns' clinical experiences, collaborations and team roles. Ultimately, supervisors hold responsibility for determining developmentally appropriate supervision levels within legal and ethical standards. Each supervisor meets with the intern for no less than one hour per week, per rotation. Augmented supervision is also available depending on the intern's desire and circumstances. Interns receive a minimum of 4 hours of supervision per week. Supervision follows the guidelines outlined in VHA HANDBOOK 1400.04. Supervision hours will be tracked by the Training Director.

The internship aspires to conduct supervision by direct observation. Depending on the technological capabilities of rotation sites and intern need, each supervisor will provide direct observation of service provision to include at least one time per rating period in person, via video streaming, or video recording. Supervisors will also be required to participate in the training committee. VASNHS psychology internship supervisors will offer the following types of supervision to interns based on initial evaluation and direct observation over the course of the internship: in the room, in the area, and available. Available supervision is only employed in the event of unanticipated leave by the primary supervisor and the Training Director and/or his/her designee covers the services of the intern.

All supervisors new to the VASNHS Training Program must follow the formal, written application process in order to be considered for training committee. Supervisors must be voted in by a two thirds majority. Voting will be conducted in a closed meeting consisting of voting committee members. All new supervisors must participate in a mentoring program with the Training Director, Associate Training Director and/or another experienced supervisor as directed by the Training Director, even if already serving on the Training Committee. The duration and intensity of the mentoring program will be determined on a case-by-case basis. All supervisors are required to have at least 2 years of experience post-licensure; however, exceptions to this rule may be made under certain circumstances.

- Supervisors meet with the intern group during Orientation to describe the learning opportunities and limitations of the clinical rotation.

- During Orientation, Supervisors make themselves available to talk with interns about individual learning needs and interests with goal of completing the training

agreement.

- The supervisor further works with the intern at the beginning of the rotation to define additional training goals and mechanisms to reach those goals as applicable.

- During orientation, supervisors schedule regular times for supervision. Additional supervision is provided as needed to ensure competent and effective training, as well as good patient care.

- A minimum of one hour of weekly scheduled individual supervision is required for the BHIP, PCMHI, and area of emphasis rotations.

- Interns receive additional hours of supervision each week through various educational activities that aim to develop the trainees' competencies, including direct observation and feedback, instruction, modeling, patient care rounds that address the trainee's treatment planning and intervention, group supervision, group "debriefing" and "as needed" consultation with supervisors, other psychology staff and treatment unit staff.

- Telesupervision will only be used as an adjunct to the 2 hours of scheduled individual, face-to-face supervision and only when an alternative option is not available (such as during the COVID pandemic).

- Supervisors document ongoing supervision, with scheduled times every week, excluding leave wherein coverage is arranged at the obligation of the supervisor. When the supervisor is away from the clinical area, he/she arranges for appropriate alternative supervision.

- Supervisors co-sign all progress notes, treatment plans, assessment reports, correspondence and any other intern entries into the medical record, thereby verifying their knowledge of, and concurrence with, the trainee's assessment and treatment plan. Supervisors complete attestations to notes regarding review of notes, treatment plans and diagnostic considerations.

- Each supervisor completes an initial evaluation, providing a baseline evaluation of their experience with and observations of the intern in the first month. The supervisor also prepares a written evaluation of the intern at 4 months, 8 months, and 12 months (final evaluation).

- Excluding the final evaluation, evaluations are used to drive plans for the remainder of the placement.

- The supervisor and intern discuss and sign the evaluation and the supervisor provides the evaluation to the Training Director.

- At each evaluation, the supervisor shares his/her evaluation of the intern's strengths and educational needs with the Supervisors group, which includes all active supervisors across rotations.

- Evaluations are placed in the intern's file.

- Copies of evaluations near the mid-point of internship and final evaluations are sent to the Director of Clinical Training of each intern's graduate program.

Supervising Practitioner Involvement and Documentation

The following are adaptions of the standards outlined in VHA Handbook1400.04. For additional guidance, see **(**http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3087) for VHA Handbook 1400.04, **SUPERVISION OF ASSOCIATED HEALTH TRAINEES.**

The Veteran's health record must clearly demonstrate involvement of the supervising practitioner in trainee-Veteran encounters, using the following method of documentation of supervision:

1. Addendum to the trainee's progress note by the supervising practitioner utilizing the "Attestation" template (accessed in CPRS through Templates -> Shared Templates -> Attestation) with inclusion of the statement below:
   - "Co-signature by this clinical supervisor evidences this case has been discussed with the student and that the supervisor concurs with the assessment, diagnoses, correspondence, treatment/care plan, and the Veteran health record entry herein. This provider was in the room/area/available (select appropriate statement)."

2. Supervising practitioner's co-signature of the trainee's health record entry. A supervising practitioner's co-signature signifies that the supervising practitioner has reviewed the trainee entry and, absent an addendum to the contrary, concurs with the content of the entry. Use of "additional signer" or "identified signer" options are not acceptable documentation of supervision. While co-signatures meet the requirement for minimal documentation for supervision, billing for services by the supervisor requires either a separate note or an addendum that specifies the nature of the clinical encounter and the clinical thinking.

The following notation is entered into the Veteran health record at that top of each treatment note by the intern:

*****Veteran is aware of therapist/trainee status as a psychology intern, XX, MA/MS, supervised by XX, Ph.D./Psy.D.. Veteran has agreed to be seen by a trainee. Veteran is aware of right to see a licensed independent practitioner. Veteran has appropriate contact information for supervisor of record, XX. Case will be continuously reviewed in supervision.*****

In addition, the Veteran and the intern complete the "Treatment Agreement for Working with Psychology Trainees" which serves as a written record of the supervisory status, emergency procedures, consumer expectations and procedures for contacting the supervisor. Each trainee will make 2 photocopies (1 for the Veteran and 1 for training records) and send the original to Release of Information.

At the first encounter, each Veteran will be provided a Notice of Privacy Practices (NOPP) and limits of confidentiality will be reviewed. A statement indicating that this has occurred will be added to the note associated with the first encounter. Copies of the NOPP can be found here: (http://vaww.lasvegas.va.gov/privacyOfficer/VA_Notice_of_Privacy_Practices.asp).

Intake/Diagnostic Evaluation Supervision Policy

1. The supervising staff member remains available in the area for the entire duration of the Intake/Diagnostic Evaluation.

2. The supervising staff member introduces themselves to the Veteran and fully explains to the Veteran the intern's status as a trainee and the nature of the supervisory relationship.

3. The Veteran must agree to the terms of the supervisory relationship in order to proceed.
   - The Veteran's agreement to the terms of the supervisory relationship is conspicuously noticeable and fully described in the narrative of the diagnostic evaluation (i.e., the Veteran health record; see text in preceding section).
   - If the Veteran does not agree to the terms of the supervisory relationship, the supervising staff member completes the diagnostic evaluation independently.

4. The supervising staff member provides the Veteran their contact information (i.e., name, credentialed profession, position in the medical center and extension number).

5. The supervising staff member is present during discussion of the presenting issue/chief complaint and risk assessment as appropriate.

6. The supervising staff member, the trainee and the Veteran negotiate a treatment plan appropriate to the Veteran's self-articulated recovery plan.

7. The supervising staff member coordinates all emergency services and assumes all clinical responsibility.

8. The supervising staff holds full responsibility that the treatment plan is completed per medical center standards.

Learning Experiences

Orientation: During the first week (or longer depending on matriculation timing and service needs) of entrance into the Psychology Internship Program, interns are introduced to the policies and procedures of the Psychology Internship Program, as well as pertinent information about the overarching Behavioral Health Service and the Medical Center.

Each supervisor describes the learning opportunities available within the rotation they supervise during individual and/or group meetings. Interns meet individually with the Training Director to discuss strengths and weaknesses in previous training, and to discuss how residual training needs may be met within the PIP. On the basis of this information, along with program evaluations by previous interns, the interns craft their training plans in coordination with supervisors and the Training Director.

Rotation Structure

Rotation placements are the learning settings negotiated between interns and training staff. The goal is for interns to broaden their experience and enhance their competence. The internship year is divided into four concurrent 12-month rotations. This division of time is designed to allow for breadth and depth of experience in core areas. The general rotation structure is depicted below.

Psychology Predoctoral Intern Rotational Structure	Core Area: 8 Hours General Mental Health (may be at locations other than the main hospital) Core Area: 8 Hours Primary Care Mental Health Integration (may be at locations other than the main hospital) Area of Emphasis: 16 hours (i.e., Addictive Disorders, PTSD, Couples and Family Services) Minor Rotation: 8am to 2:30pm on Tuesdays in Assessment

Interns may expect to spend approximately 25 to 30 hours of a 40-hour work week engaged in clinical care activities across rotations.

Comprehensive Assessment Requirement

Psychological assessment is a unique competency of the professional psychologist. Intermediate to advanced skill in this domain is an APA accreditation requirement. The PIP designs training experiences that include opportunities to further develop competency in producing professional level assessments and reports relevant to

training goals and career aspirations. In addition to any rotation specific assessments and report writing, interns are required to complete seven integrated psychological evaluations/reports throughout the year (3 neuropsychology, 2 general psychological assessment, and 2 health psychology assessments – subject to availability). These evaluations should be based on a combination of three or more assessment instruments and/or methods that are widely accepted, empirically supported, and clinically informative. The selected assessment instruments must be approved by the supervisor and the Training Director. These evaluations must result in an integrated report, which demonstrates the intern's ability to integrate complex assessment information into a coherent and concise narrative.

These assessments may be supervised by the intern's supervisor or by another staff member with appropriate expertise relevant to the referral question. These assessments are to be performed to enhance patient care and are to be written and submitted to the supervisor within one week from the last day of testing. Specifically, initial report drafts are to be completed within five business days of the last day of testing and submitted to the supervisor. Results are to be conveyed to the referring source with appropriate urgency. Therefore, final revisions will be submitted to the record within 72 hours after the supervisor returns the draft to the intern. All integrated reports must be completed, co-signed, and entered into the medical record no less than one month prior to the end of the internship. A record of all integrated reports must be submitted to the Psychology Training Director no less than one month before the end of the internship, and that record will become a part of the intern’s file as documentation of integrated report writing experiences during internship.

Recording and Transcription Requirement

Interns are required to complete a total of four 5-minute transcriptions of recorded sessions over the course of the first 6 months of the training year with two 5-minute transcriptions required from the core General Mental Health rotation and two 5-minute transcriptions required from the Area of Emphasis rotation (i.e., Addictive Disorders, PTSD, or Couples and Family Services). Interns will also complete self-critiques and provide these to their primary rotation supervisors along with each transcription.

Interns will then provide monthly recordings of sessions during the second 6 months of the training year to primary rotation supervisors along with selected 5-10 minute time frames to focus on during supervision. Interns will also provide a writeup of areas identified by the intern as areas of improvement along with selected times for the primary rotation supervisor to review and discuss during supervision.

Intern Case Conference Series

Interns will be required to present one psychotherapy case during the training year. These presentations will be attended by supervisory staff, interns, and practicum students. Specific instructions regarding the format of psychotherapy case conferences will be provided to interns during orientation. Presenters are responsible for deleting

recorded sessions and written materials after the conclusion of the case presentation as appropriate.

For psychotherapy case conference presentations, recording of one patient is required for each presentation, with recommended selection of several 5-minute portions. Presenters are expected to establish goals for the presentation and should aim to present more difficult cases for which they desire feedback. Cases involving complex diagnostic, conceptualization, countertransference, therapeutic strategy, or therapeutic obstacles would all be appropriate. Fellow Interns will be expected to initiate participant discussion and take an active role in providing feedback to the presenter regarding the therapeutic process or other aspects of the presentation. The presenter will be evaluated on an informal, proximal basis during supervisor Training Committee meetings. If the intern's presentation is deemed unsatisfactory for an intern in training, supervisors will meet with the psychotherapy supervisor of the presenting intern to offer feedback and guidance.

Research Presentation

During the training year, interns will complete a 30-minute research presentation to training committee and fellow interns. Although this topic must be related to psychology, interns present on a topic of their choosing. The topic can be related to a dissertation, an area of interest/area the intern would like to explore more of, or something currently being worked on. For this presentation, interns are to conduct a literature review and present on relevant research related to the topic. This includes, relevant background information, main findings of various peer reviewed research articles, and discussion of results and implications according to the research. Interns should save some time at the end of the presentation for questions.

Mentorship

A mentor is defined by the American Psychological Association as "an individual with expertise who can help develop the career of a mentee" (APA, 2006). Mentors guide, train, advise, and promote the career development of their mentees. APA further establishes two primary functions for mentors. The career-related function defines the mentor as a coach who provides advice to enhance the mentee's professional performance and development. The psychosocial function defines the mentor as a role model and support system for the mentee. Both functions provide invaluable guidance related to professional development as well as general work-life balance.

The VA Southern Nevada Healthcare System is committed to the professional development of interns and strongly encourages interns to work with a mentor during the training year. Members of the Psychology Service interested in serving as mentors have completed an application that is reviewed by the Training Director, Associate Training Director, and Chief of Psychology. A list of names and clinical, research, and professional interests of each mentor is provided to interns at the beginning of the training year. Interns will then have an opportunity to select a mentor that matches

closely with their interests, goals, and styles. The relationship between the mentor and the mentee is non-evaluative and provides an opportunity for interns to build a relationship with an established psychologist who provides support, guidance, and modeling. Meetings between mentors and mentees will occur at least once per month and specifics regarding mentorship will be established during their initial meeting.

Seminars and Education

The training consequent to experiential clinical learning is supported by internship seminars and by educational programs offered in the larger Medical Center community. The Psychology Internship Program offers no less than 50 hours of didactics/seminars during the training year, generally held on a weekly basis. They will be specifically oriented to the training needs and interests of the interns. Feedback regarding seminars is used to help guide the content of future seminars and educational opportunities.

Near the mid-point of the year, Interns each present a 30-minute seminar on a research related topic. Interns present a 60-minute seminar at the end of the year. This presentation can be related to one's dissertation topic, a case presentation, a job talk, etc. This is to help Interns hone their presentation skills, as this is one of the many aspects of being a professional psychologist

To encourage lifelong learning, interns are further expected to complete 8 hours of additional education offered through the Medical Center, UNLV, UNSOM, or an appropriate professional organization (e.g., APA, SBM, ABCT). Of note, various services within the medical center sponsor educational offerings pertinent to psychology. Interns document the 8 hours of additional education on a "Continuing Education Record", which is submitted to the Training Director at the end of the internship year and placed in the intern's file.

Interns are released from their clinical duties during scheduled internship seminars and other approved meetings. Release time to attend other educational programs is negotiated with the supervisor, taking into account patient-care responsibilities and clinic coverage issues. Authorized absence may be granted for travel and attendance at professional meetings, as described elsewhere.

The PIP includes the following didactics and seminars:

- Internship Seminar: The Internship Seminar functions to augment program competencies via interactive and didactic presentations. Seminars are also influenced by Intern learning plans; Topics likely include overviews of therapeutic techniques and modalities, diversity issues, inter-collaborative practice, military culture, psychopharmacology, etc.
- Assessment Seminar
- Evidenced-based Psychotherapy Trainings: The Evidence Based Psychotherapy Trainings serve to prepare Psychology Interns to competently provide evidence based psychotherapy through an in-depth

examination of the history of evidence based practice, and the theoretical and clinical application of suitable evidence based assessments and therapeutic modalities to include: Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE) for PTSD, Eye Movement Desensitization and Reprocessing EMDR), Cognitive Behavior Therapy for Insomnia (CBT-I), Acceptance and Commitment Therapy for Depression (ACT-D) and Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Skills Training in Affective and Interpersonal Regulation (STAIR), Integrative Behavioral Couple Therapy (IBCT), and Cognitive Behavioral Conjoint Therapy for PTSD (CBCT). It is required that each intern complete a minimum of 4 full EBP protocols throughout the training year and that of the 4 completed protocols the use at least 3 different modalities. These protocols are completed within each rotation.

Writing Assignment: At the beginning of the training year each Intern will be presented with a writing assignment to be turned in to the training director. This allows the Training Committee to determine the extent to which writing skills need to be addressed in supervision.

Supervision of Supervision is another training element that may be offered during the training year. Connected to the competency of supervision to trainees, the PIP may include laddered supervision wherein Interns augment supervision on select practicum trainee cases under the close supervision of a licensed psychologist. The provision of supervision by Interns is supported in multiple ways, including Interns' mandatory participation in a year-long didactic and mentoring seminar on supervision techniques and standards.

Intern/Training Director Meeting

Thirty minutes to one hour per week is set aside for interns to meet together with the Psychology Training Director as a group, in order to provide peer supervision, a forum for mutual professional support, and as an opportunity to practice the development of collegial professional relationships. This meeting is also specifically designed for the program to receive information from interns and to inform potential programmatic adjustments as appropriate. Interns are released from competing activities at this time.

Intern Socialization Meeting

Once a month the Psychology Interns will meet for one hour (day and time to be determined at the beginning of the training year) for an unstructured, non-evaluative meeting. This time will be used to ensure the opportunity for appropriate peer interaction, support, and socialization. Interns will also discuss any feedback or suggestions to be provided by the Training Committee Intern representative at the next scheduled Training Committee meeting.

Diversity Didactic

Once a month (date TBD) Psychology Interns are required to attend the Diversity Didactic which is open to all Psychologists and in some cases, open to everyone within Behavioral Health and Social Work services. The didactic series focuses on different cultural influences and aspects of cultural identity; and how these themes interact with the structures of everyday society and our work as psychologists. As part of professional development, the Psychology Interns will pair up with a staff member of their choice to develop and present one (1) Continuing Education (CE) program. Interns can choose a topic from a provided list or present on a topic of their choosing. As we aspire to have diversity work interwoven in the fiber of our practice and service, every first and third Wednesday of the month, the Psychology Interns will meet as a smaller group with the Diversity Committee Chair to provide a space to reflect on the Diversity Didactic. To help with preparation, please note, Psychology Interns will receive training on how to conduct CE programs at the beginning of the year.

Staff Meetings

Interns are encouraged to participate as members of the Medical Center's professional community. Attendance at staff meetings, schedule permitting, provides interns with an opportunity to learn about the administration of health care, interprofessional relationships, and institutional considerations that affect practice and professional life. Mental Health Staff Meetings occur on the 3rd Thursday of the month from 2:30-4:00pm. Staff meetings at outpatient and specialty clinics vary based on site.

Professional Meetings

Interns are encouraged to attend professional meetings and conventions of their choice, as a means of participating in the larger professional world and to pursue individual professional interests. Authorized absence is granted for such activities in an amount comparable to other Psychology staff (see the leave section for more details). Absences for such meetings must be discussed with the supervisor and subsequently approved by the Psychology Training Director.

Research

The internship is conceptualized as a clinical immersion experience. However, interns may conduct research as appropriate. The internship provides opportunity to develop studies related to their field of study when an appropriate supervisor is available.

Library and Information Resources

The Medical Center library is available to staff and interns. The library provides access to electronic searches and electronic professional journals. The VHA National Desktop Library can be access through the following (https://www.va.gov/library/).

Placement Selection and Approval

Assessing Training Needs and Goals

During orientation, interns are asked to consider their clinical strengths and weaknesses and formulate training goals. Interns meet individually with the Training Director to discuss immediate and distal professional goals. The Training Director is an important resource in terms of crafting individualized training plans in service of training goals and needs.

At the beginning of each rotation, interns complete a narrative on rotation goals, which requires them to describe their individual learning goals as they relate to the specific rotation (see Expected Learning Outcomes below). A copy of the rotation goals narrative (i.e., Learning Plan) is provided to the supervisor and the Psychology Training Director, so that the supervisor and Psychology Training Director may best assist the intern in meeting his or her training goals. Each rotation goals narrative is placed in the intern's file. Triannually, interns evaluate themselves in order to refine goals and reflect on continued goals and growth areas. Also triannually, supervisors meet to evaluate interns' performance, measured with an eye toward each intern's stated goals, the standard of practice in the clinical settings, and the expected learning outcomes of the internship program. This group may make recommendations to interns regarding future training experiences based on supervisor evaluations.

In a situation where an intern is seen as having a serious deficit in knowledge or skills in a fundamental area of practice, the Training Director may recommend, or the Training Committee may require, particular training experiences for an intern. The Training Committee would make such a decision only after considering input from the supervisors and the intern.

Obtaining Rotation Information & Rotation Negotiation

We intend that interns have as much information as possible before the placement selection begins. There are numerous sources of information available regarding the various placements: the Internship Brochure and Manual, the supervisors' discussions during interview day, contacts between incoming interns and program alumni, discussions with potential supervisors, and discussion with the Training Director.

Prior to orientation week, incoming interns will be contacted to discuss their preferences for emphasis area rotations. They are provided the opportunity to ask further questions and are advised that they may not receive their first choice. Examples in which the intern would not receive their first choice include the Training Committee determining that this would not be in the best interest of their training needs or the rotation is no longer available.

Constraints in Rotation Negotiation

While there is an institutional desire to accommodate training goals in the rotation selection process, there are also important constraints:

- All Interns must participate in General Mental Health as a major rotation.
- All Interns must participate in Primary Care Mental Health Integration as a major rotation.
- Each supervisor can have the equivalent of two full time interns at a time.
- Each intern must participate in an emphasis area (ADTP, Couples and Family Services, or PTSD).
- While additional training opportunities are available under certain circumstances, they occur at the approval of the supervisor of the rotation affected.
- Due to organizational restructuring and a number of other predictable and unpredictable events, some rotations may not be available for interns during the training year.
- In the event that an intern is deemed to have a deficiency suggesting that specific training experiences are required in an effort to remedy this deficiency, the Training Committee may require particular training experiences of an intern. Such requirements may impact the rotation structure.

Rotation Closures

Rotations shall be closed to interns when they do not offer learning opportunities congruent with the mission and intended quality of the Psychology Internship Program. This may occur when, for example, there is administrative reorganization having untoward effects on training, when the supervising psychologist position is vacant or the supervisor is on extended leave, or when intern feedback indicates that a rotation does not provide an appropriate or adequate training experience.

A supervisor may request administrative closure of a rotation. Under some circumstances, the Training Committee, the Training Director, the Service Chief, or the intern group may be the initiator of the request for rotation closure. The Training Committee must consider all requests for rotation closure.

If a rotation receives unfavorable evaluations that suggest an improper training environment, the Training Committee may recommend closure. The TC's closure recommendation shall include documentation of training deficiencies (e.g., lack of appropriate supervision). The supervisor of that rotation accordingly holds the responsibility to formulate a plan to remedy, with the guidance of the Training Director and the Service Chief. Evidence of correction shall be presented to the Training

Committee and put to a vote. A unanimous vote shall result in reinstitution of the rotation.

Changes in Rotation Placements

Under certain circumstances, it may be appropriate for an intern to change rotation placements or supervisors. This may occur, for instance, when there are unanticipated personnel or administrative changes on a unit that negatively impact an intern's learning opportunities. Alternatively, it might happen that an intern and supervisor conclude that the present rotation does not provide a good learning atmosphere for the intern. With the consultation of the Training Director and current supervisor, the intern may change rotation placements or supervisors. After appropriate consultation with a new supervisor, the intern will request Training Committee approval of the new rotation placement and training plan. These procedures do not apply in the event that there is a question as to whether or not the intern will satisfactorily complete the internship. Those procedures are described below in the Insufficient Competence section.

Rotation Descriptions:

General Mental Health (BHIP) Rotation (8 hours per week; 12-month rotation Core Area): Ronald Freche, Psy.D., Kara Klingspon, Ph.D., and Leandrea Caver, Ph.D.

This element of training may be completed either at the VA Medical Center or an outpatient clinic. This requirement is fulfilled through a 12-month rotation in BHIP (Behavioral Health Integration Program) The general mental health rotation has a main focus on exposing the intern to a wide range of presenting problems, using both short- and long-term treatment modalities. Multidisciplinary clinics provide expansive and integrated medical and mental health treatment to assure treatment optimization. Interns will be involved in an interprofessional collaborative mental health program team often consisting of providers from psychology, psychiatry, social work, and nursing. The intern may anticipate conducting individual, couples, and group psychotherapy for Veterans from diverse socioeconomic, cultural, and ethnic backgrounds. Veterans served are anticipated to present with diverse levels of functioning, capability, and symptom intensity. Opportunities for interns to experience working with co-occurring mental health diagnoses, as well as serving Veterans with concomitant medical problems (i.e., pain, traumatic brain injury and ambulatory problems), will be available. Treatment at VASNHS emphasizes the application of Evidence Based Psychotherapy (EBP) approaches under the supervision of Veterans Affairs EBP providers. This rotation affords the student an opportunity to provide clinical assessment that includes psychometric testing, risk assessment, and screening cognitive of functioning.

Primary Care-Mental Health Integration Rotation (8 hours per week; 12-month rotation Core Area): Elizabeth Briggs, Psy.D. and Onyinyechi Anukem, Ph.D.

The mission of PCMHI is to improve the health care of veterans by increasing the integration of behavioral health prevention and treatment services into the primary care

setting. Interns completing the Primary Care-Mental Health Integration rotation will have the opportunity to function as an active member of an interprofessional team within the primary care clinic. Primary Care-Mental Health Integration is an interprofessional outpatient mental health service embedded within primary care. VASNHCS has four primary care clinics located across the valley, as well as one within the main hospital. A primary function of this rotation is to provide interns with experience and training in providing patient-centered care while working collaboratively with providers from other professions. Psychologists operating in this rotation perform a variety of clinical and consultative functions to include initial assessment, interdisciplinary treatment planning and care coordination, brief individual and group psychotherapy, and psychoeducation for veterans within a primary care setting. Some of the treatment modalities commonly used include psychoeducation, behavioral activation, motivational interviewing, mindfulness-based interventions (e.g., Acceptance and Commitment Therapy), and relaxation training. Interns gain experience in treatments for health behavior change for tobacco cessation, weight management, diabetes management, medication compliance, sleep hygiene, and substance use. Finally, interns may have the opportunity to participate in the national PCMHI competency training offered annually. Veterans receiving care in this clinic are quite diverse in age (late teens to 90+), ethnicity, gender, and presenting concerns.

The Addictive Disorders Treatment Program (ADTP); (16 hours per week; 12-month Area of Emphasis): Alexandria Moorer, Psy.D. and Meghan Walls, Psy.D.

ADTP is staffed by a collaborative interdisciplinary team and is designed to support care within both abstinence based and harm reduction frameworks. In ADTP, there are multiple training opportunities in the assessment and treatment of addictive disorders and co-occurring conditions. Las Vegas is unique in that ADTP includes a long-standing program aimed at recovery from problematic gambling. ADTP services address the continuum of recovery from initial engagement and contemplation of change through long-term recovery. Treatment addresses an array of difficulties, including affective disorders, psychoses, substance-induced affective or psychotic symptoms, trauma and other stressor-related disorders, anxiety disorders, personality disorders, and comorbid medical problems. Treatment approaches focus on a biopsychosocial model and include Cognitive Behavioral Therapy, Motivational Interviewing, Medically Assisted Recovery, and case management aimed to enhance well-being. Interns will carry a caseload of patients that are seen for individual therapy and will also facilitate groups. Interns may offer groups and individual treatment in acute inpatient, residential (domiciliary), intensive outpatient (IOP), and outpatient settings. Outpatient groups include Cognitive Behavioral Therapy for Substance Abuse Disorders (CBT-SUD), Seeking Safety, Mood Management, Acupuncture for Addiction, and other semi-structured process and education groups.

The Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team (16 hours per week; 12-month Area of Emphasis): Nicole Anders, Psy.D., James Maltzahn, Psy.D., Tricia M. Steeves, Ph.D., and Pamela Finder, Psy.D.

The PTSD Treatment Program offers an interdisciplinary training environment in which interns refine skills in the areas of assessment, treatment planning, individual therapy and group therapy. This rotation provides interns with a foundation in trauma and specialized skills in assessment, diagnosis, and treatment of PTSD. This program currently offers treatment for Combat and Non-Combat related PTSD and Military Sexual Trauma related PTSD. Staff members at the VASNHS developed a treatment program based specifically on the needs of Veterans diagnosed with PTSD related to their traumatic experience. Veterans are fully assessed by clinicians in order to determine program eligibility and treatment needs. The PTSD Clinic's Treatment Program consists of (1) a CORE individual EBP (i.e., PE, CPT, and EMDR) upon entry, that is at times coupled with any one of the CORE CPT Groups: Combat, Men's MST, and Women's MST Groups (prn), after the Veteran has completed or completed a significant portion of the individual PTSD EBP. After successful completion of the entire CORE individual EBP, the Veteran is invited to consider participating in (2) groups specific to their individual needs; these Elective Groups include: Women's Mind-Body Group, Mindfulness-Based Stress Reduction, Posttraumatic Growth (PTG) and CBT-I.

Couples and Family Services (16 hours per week; 12-month Area of Emphasis): Benjamin Loew, Ph.D. and Kara Klingspon, Ph.D.

This rotation's mission is to provide significant experience in multiple styles and formats of relationship systems intervention, and exposure to relationship systems program development. It is supervised by two ABPP board-certified Couple and Family Psychologists and includes conducting co-therapy with each of these supervisors (separately). Evidence-based systems psychotherapies are the primary focus of this rotation, particularly Integrative Behavioral Couple Therapy and Cognitive-Behavioral Conjoint Therapy for PTSD. Experience in Behavioral Family Therapy for Serious Psychiatric Illness and Behavioral Couples Therapy for Substance Use Disorders will be available as referrals permit. All of these systems psychotherapies begin with several sessions of relationship systems assessment. Relationship systems class intervention experiences are also part of the rotation, as is involvement in discussions of program development goals, challenges, and activities. The rotation provides experience working with relationship systems across a range of diversity variables, such as ethnicity, sexuality, socioeconomic status, and age. These systems also include significant diversity in comorbid behavioral and medical diagnoses, and presenting concerns (e.g., pre-marital enhancement, communication difficulty, affair recovery).

Patient Care & Research Subject Contact outside the VASNHS Facilities

All assignments of the internship must be formalized by the approval of the Training Committee. This includes activities both within and outside the VASNHS premises. Assignments at institutions outside the VA must be formalized by written contract between the agency and the VA. This contract specifies supervisory responsibility, intern and supervisor expectations, and the legal obligations of both institutions. The proposed contract must be vetted through VASNHS Behavioral Health and overarching administrative units. Patient or research subject contact outside of the parameters of the

internship are explicitly prohibited until written approval is obtained from the Training Director, the Behavioral Health Service Chief, the Chief of Psychology, the Associate Chief of Staff for Education, and the VASNHS Director.

Professional activities involving patient or research subject contact, consultation or research occurring outside the auspices of the internship program are also outside the purview of this institution and VA liability is not extended for such activities. An intern engaging in such activity on his/her own is responsible for any action that may be taken against him/her in connection with this activity. The intern is expected to inform the Training Director of any such activities and will be asked to sign a form acknowledging their responsibility for the outside activity.

Expected Competencies

The Internship in Health Service Psychology at the VA Southern Nevada Healthcare System is a generalist program and is designed towards facilitating the development of core professional competencies expected of an entry level psychologist. The program encourages both refinement and expansion of competencies. The opportunity for development in an area of emphasis is included in the program's structure. Several other program components (e.g., didactics nd Assessment Seminar) provide opportunities for development of additional competencies. The Psychology Internship Program focuses on the acquisition of intermediate and advanced skills in the following competency domains that closely parallel the Standards of Accreditation set forth by the Commission on Accreditation. There are expectations of continued growth and engagement with a greater degree of independence throughout the training year and across rotations for each of the competencies.

1. Scholarly Inquiry and Application of Scientific Knowledge: In line with the practitioner-scholar model, interns demonstrate the ability to integrate science and practice. They demonstrate the ability to critically evaluate research and scholarly activities and work towards dissemination of this information (e.g., case conferences, presentations, publications) at the local (including the host institution), regional, or national level. Interns continue their exposure to scholarly activities through active participation in the Evidenced-Based Therapy Seminar, reading manuals and articles recommended by supervisors, and attending off-site conferences/trainings.

2. Ethical and Legal Standards: Interns demonstrate an intermediate to advanced level of knowledge and understanding of the APA Ethical Principles and Code of Conduct and other relevant ethical/professional codes, standards and guidelines, laws, statutes, rules, and regulations. They will demonstrate the ability to think critically about ethical dilemmas/issues, utilize ethical decision-making processes, and seek consultation when confronted with ethical dilemmas. Interns will conduct themselves in an ethical manner in all professional activities.

3. Individual and Cultural Diversity: Interns show understanding of and thoughtfulness to diversity issues in the practice of Psychology. They possess an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves. Interns seek out information about cultural/diversity characteristics and/or seek supervision when confronted with unknown diversity issues. Interns demonstrate the ability to independently apply their knowledge and approach in working effectively with a range of diverse individuals and groups encountered during their training. Attention to diversity will be incorporated in all areas of practice.

4. Professional Values and Attitudes: Interns demonstrate skill in conducting themselves with integrity, deportment, and accountability. They possess an appropriate level of confidence and are introspective regarding their status as developing Psychologists. They prepare for and utilize supervision effectively and demonstrate an ability to self-reflect as it relates to their personal and professional functioning and growth. In all professional contexts, interns demonstrate a concern for the welfare and general well-being of others.

5. Communication and Interpersonal Skills: Interns possess the ability to develop and maintain effective relationships with Veterans and their families, colleagues, other staff members, peers and members of the community/non-VA organizations. Oral, nonverbal, and written communication is clear, informative, well-integrated, and reflects a thorough grasp of professional language and concepts. The intern possesses effective interpersonal skills that allow he or she to effectively manage interpersonal challenges and conflictual relationships.

6. Assessment: The Intern will demonstrate appropriate diagnostic interviewing skills, engage in differential diagnosis utilizing the DSM-5, and demonstrate the ability to select appropriate assessment methods to address the presenting problem. The Intern will demonstrate competence in conducting evidence-based assessment consistent with the scope of Health Service Psychology. Selection of assessment methods, interpretation of results, and recommendations will be made based on the empirical literature. Interns will demonstrate competency in administration and interpretation of personality, cognitive, and neuropsychological assessment tools. Interns will display the ability to communicate findings and recommendations orally and in writing in a clear and concise manner.

7. Intervention: Interns demonstrate competency in conducting interventions across a range of presenting problems and populations. Interns demonstrate a working understanding of empirically supported therapeutic approaches for specific diagnostic areas. They develop evidence-based intervention plans specific to service delivery goals. Interns display clinical decision-making informed by relevant scientific literature, assessment findings, diversity characteristics, and contextual variables. Interns modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking. They effectively maintain therapeutic relationships and discuss issues of confidentiality and informed consent. Interns monitor or evaluate progress of

interventions using appropriate measures or methods. Interns plan for and manage termination issues appropriately and sensitively.

8. Supervision: Interns demonstrate understanding of theories and methods of supervision and demonstrate the ability to apply such understanding. Interns demonstrate competency in supervising other trainees under the supervision of appropriately qualified Psychology staff. Interns demonstrate the ability to provide feedback appropriate to the developmental level of the supervisee and handle resistance/challenges in the supervisory relationship.

9. Interprofessional Collaborative Practice and Systems Understanding: The ability to practice within an interdisciplinary and dynamic medical community lies at the base of evolving competencies in professional psychology. Interns are expected to demonstrate capacities in shared decision making, and effective interprofessional relations. Interns demonstrate the ability to advocate for the role of psychology while also having an appreciation for the roles of other professionals. They demonstrate the ability to communicate and interact effectively in interprofessional practice.

Evaluation of Intern Progress

Overview

Multiple evaluation methods are used in the Psychology Internship Program. Timely and specific feedback is essential to high quality supervision. Ongoing formative evaluation is routinely exchanged as a normal part of supervisor-intern daily interactions. In addition, written evaluations are completed triannually (summative evaluation). Evaluations focus on the program's expected competencies, taking into account the learning goals and activities identified by each intern in his or her individualized learning plan. Evaluations are discussed between the intern and the supervisor and may be modified by their consensus before being finalized.

It is expected that supervisors have previously identified and addressed with the intern any concerns that are documented in summative evaluations. Concerns are not to be raised for the first time in any summative evaluation, but will have been raised earlier during on-going formative evaluations. Interns are given opportunities, over time, to address issues raised in formative feedback. Supervisors meet at least monthly with the training committee. These meetings, in part, serve to identify appropriate supports and resources that may assist interns in attaining program competencies. Interns complete self-evaluations that reflect program performance expectations and self-articulated training goals. Self-evaluations are discussed amongst the supervision team and appropriate resources are made available.

Intern Self-Evaluation

Interns are asked to evaluate themselves. This aids the intern in further developing the professional practices of self-reflection and self-awareness. At the onset of the training year, interns meet individually with the Training Director and primary supervisors to

identify strengths and weaknesses relevant to crafting the learning plan. Learning plans and self-evaluations become part of the intern's records/files.

Interns are asked to evaluate their progress triannually with respect to training goals and program competencies. Training goals may be modified as appropriate. In the event that an intern's learning plan is to be substantially revised, the Training Director and the intern's supervisors will present the revisions to the Training Committee and the revised learning plan will be placed in the intern's file following a majority vote to approve the revisions.

Informal Evaluation

Informal evaluation is critical to interns' development. Formative evaluation (e.g., routine clinical and professional feedback) occurs on an ongoing basis across training venues. Formative evaluations are the primary mechanism to provide real-time feedback.

In addition, at the end of the first month, each intern meets individually with the Training Director to review their adjustment to the internship and further discuss the intern's training plan.

Supervisors engage in an ongoing, bidirectional feedback process wherein the supervisory relationship is discussed and processed in relationship to the summative learning experience. Processing of the supervisor-supervisee relationship and progression toward competencies ensures that challenges may be addressed in a timely manner. This allows the training faculty and administration to have proper opportunity to assist with problem-solving and recommend appropriate supports. Another function of bidirectional feedback process is the ability to continuously reflect upon the program's areas for potential improvement.

Should faculty develop concern for an intern's progression toward meeting competency standards, it is the responsibility of the supervisor to provide timely feedback. Effective feedback is done in a manner such that the intern can, in the best way possible, benefit from the feedback and has sufficient time to remedy deficiencies. As indicated, the Training Director may be enlisted to aid communication between the involved parties and coordinate a plan of support and remedy.

Formal Evaluation

Interns receive written evaluations of their performance in the program on a triannual basis. Forms are provided to supervisors that structure the feedback specifically to the program's expected competencies. Verbal summative feedback is provided regarding the intern's achievement of her/his individualized learning plan. Evaluation is expected to be as specific as possible and communicated in a respectful and validating manner. The supervisor and intern discuss the formal evaluation before sending an electronic copy to the Training Director, for review by the Psychology Training Director and placement in the intern's training file. The Training Director keeps a record of

evaluations, and compliance with program evaluation policy and the timeliness of evaluations is ensured. A copy of evaluations near the mid-point of internship and the 12-month evaluations are sent to the Director of Clinical Training of the intern's graduate program.

The following rating scale will be used in the formal evaluation:

1 Practicum Level (developing skill areas)

2 Close supervision needed (mid/ late-practicum level)

3 Some supervision needed (intern entry level)

4 Little supervision needed (mid/ late intern level)

5 Supervision rarely needed (intern exit/postdoc entry level)

6 No supervision needed (postdoc exit level)

N/A not applicable

Competency Goal for evaluations completed at 4 and 8 months: No competency area will be rated as a 1 or 2. Exceptions that would warrant a rating of 2 would be in a New Skill area.

Competency Goal for evaluations completed at 12 months: At least 80% of items in competency areas are rated at a 5 or higher. No items in competency areas will be rated as 1, 2, or 3.

Items in a New Skill area do not have to be used in the final percentage calculation.

Supervisor's Meeting

Supervisors meet as a group on a monthly basis to review interns' and other trainees' progress in fulfilling their training goals and progression toward competencies. The primary purpose of this meeting is to collectively discuss roadmaps for training year success, including recommending additional supports where necessary. Should the supervisors group convey additional feedback for an intern as a result of self and supervisor reviews, it is the responsibility of the intern's primary supervisor to discuss such feedback with the intern. As needed, the Training Director may also be helpful in relaying the feedback of the supervisor's group. The supervisory group may make recommendations to interns regarding future training experiences. This group acts in an advisory capacity to the Training Director and Training Committee. In addition, the group is responsible for providing feedback to supervisors based upon intern and other trainee feedback.

Program Evaluation and Improvement

A variety of evaluation methods are used to obtain feedback about the performance of the training program. Interns are encouraged to provide input and feedback as a routine part of supervision and mentoring, in their meetings and interactions with other faculty and with the Training Director. Formal program evaluation processes are also

employed. Below are descriptions of the various methods by which the program reflects upon itself and endeavors to continuously improve.

1. After completing the first month, each intern meets individually with the Training Director to discuss their adjustment to the internship, their plans for the training year, and their long-term trajectory and aspirations, as well as any concerns or problems they have encountered. The purpose of these discussions is to ensure that program resources can be directed to each intern in a manner that maximizes learning, and so that the Psychology Training Director can best understand each intern's needs and preferences in order to better assist them with advisement and mentoring during the year.

2. As a routine part of supervision, interns are expected to informally exchange feedback with their supervisor. This exchange can include feedback regarding any aspect of the training program itself, especially including barriers or hindrances that impact the intern's training experience and progress. Any comments or suggestions regarding program quality are additionally welcomed by the Training Director and are understood to be offered in the spirit of improving our shared learning community.

3. The Intern group meets weekly with the Training Director to discuss professional and programmatic issues. This forum provides a valuable time to bring to the Training Director's attention any difficulties in the program, particularly when they occur at a programmatic level or when they have the potential to impact other trainees. Besides serving as a forum for identifying problems, this meeting can also provide interns with important experience in generating administrative solutions to problems that are likely complex. As such, it can provide real-life administrative experience that will be useful in the interns' next career stages.

4. Each intern meets individually with the Training Director during the last weeks of the training year to review the internship experience and to offer comments and suggestions for improving the training program.

5. Each intern has the opportunity to sit on the Training Committee (TC) as a voting member, thereby providing the class with formal representation on the body that develops training program policy. All meetings of the TC are open to faculty, practicum trainees and interns (with the exception of meetings devoted to confidential personnel issues or trainee performance reviews). Interns are welcome to submit agenda items for consideration by the TC and are welcome to speak on any issue under discussion. This venue provides an important opportunity for interns to provide feedback and input that directly shapes the training program.

6. Selection of incoming interns and practicum students is a significant annual activity of the training program. Selection committees are formed each year for both training programs. These committees are an important venue for program

self-reflection and change, stimulated by the discussion of individual applicants that necessitates a parallel discussion of program values, aims, activities and resources. Interns are encouraged to participate on the internship selection committee. Participation on this committee allows interns to shape and influence the training program and provides additional valuable administrative experience in education program design and personnel selection.

Formal Program Evaluation by Interns

Supervisory and Program Evaluations

Extending beyond the informal exchange of feedback occurring between interns and faculty, interns also complete written summative evaluations of the internship rotations at the middle and end of each rotation. The evaluation forms are structured to elicit specific feedback about the quality of supervision in its various aspects, as well as the program's effectiveness in promoting the interns' attainment of the program's competencies. These evaluations are discussed between intern and supervisor, and submitted to the Training Director for review and placement in the interns' training files and forwarded to the Director of Clinical Training of the interns' home doctoral programs. These evaluations are intended to provide direct feedback to supervisors and the Psychology Training Director as a means of improving program quality.

Alumni Survey

The program surveys interns after completion of the program. The survey form solicits the interns' ratings of the program's effectiveness in promoting their attainment of the program's expected competencies, as well as information about basic career attainments consistent with the program's scholar-practitioner aims (i.e., employer, job title, licensure status, advanced certification, peer-reviewed presentations and publications, leadership positions). Alumni data is compiled by the Psychology Training Director and reviewed by the Training Committee and faculty as important input to the program's continuous self-review and quality improvement.

Grievances

The Psychology Internship Program follows the ideal that challenges are resolvable through professional interactions between interns and supervisors. Interns are encouraged to first discuss any problems or concerns with their direct supervisor. Supervisors are expected to be receptive to issues raised and respond with decorum in a solution-focused manner. If professional discussions do not produce a satisfactory resolution to the issue raised, the Psychology Internship Program offers several avenues of pursuit which are available to trainees.

Informal Mediation

An intern or a faculty member party may ask the Psychology Training Director to act as a mediator in efforts to resolve issues. Alternatively, the Psychology Training Director may be asked to help select a mediator who is agreeable to all parties. Mediation may facilitate a satisfactory resolution through continued discussion. Alternatively, mediation may result in recommended changes to the learning environment, or a recommendation that the intern change rotations in order to maximize their learning experience. Interns may also request a change in rotation assignment, following the procedures described in a previous section. Changes in rotation assignments must be reviewed and approved by the Training Committee.

Formal Grievances

In the event that informal avenues of resolution have been ineffective, or in the event of a serious grievance, the intern may initiate a formal grievance process by sending a written request for intervention to the Psychology Training Director.

1. The Psychology Training Director will notify someone in psychology leadership (Chief of Psychology, Deputy Chief of BH Service, and/or Chief of BH) of the grievance and call a meeting of the Training Committee to review the complaint. The intern and supervisor will be notified of the date in writing that such a review is occurring and given an opportunity to provide the Training Committee with any information regarding the grievance. The Director of Clinical Training at the intern's graduate school will be informed in writing of the grievance and kept apprised of the review process.

2. Based upon a review of the grievance, and any relevant information, the Training Committee will determine the course of action that best promotes the intern's training experience. This may include recommended changes within the placement itself, a change in supervisory assignment, or a change in rotation placement.

3. The intern will be informed in writing of the Training Committee's decision and asked to indicate whether they accept or dispute the decision. If the intern accepts the decision, the recommendations will be implemented, and the intern's graduate program will be informed of the grievance outcome. If the intern disagrees with the decision, they may appeal to psychology leadership (Chief of Psychology, Deputy Chief of BH Service, and/or Chief of BH), the Training Director, and the Associate Chief of Staff for Education. This appeal must be made in writing within 10 business days of receiving the Training Committee’s decision. The psychology leadership (Chief of Psychology, Deputy Chief of BH Service, and/or Chief of BH), the Training Director, and the Associate Chief of Staff for Education will render the appeal decision, which will be communicated to all involved parties, and to the Training Committee. The intern's graduate program will be informed of the appeal and appeal decision.

4. In the event that the grievance involves any member of the Training Committee (including the Psychology Training Director), that member will excuse himself or herself from serving on the Training Committee due to a conflict of interest. A grievance regarding the Psychology Training Director may be submitted directly to psychology leadership (Chief of Psychology, Deputy Chief of BH Service, and/or Chief of BH) for review and resolution.

5. Any findings resulting from a review of an intern grievance that involve unethical, inappropriate or unlawful staff behavior will be submitted to psychology leadership (Chief of Psychology, Deputy Chief of BH Service, and/or Chief of BH) for appropriate personnel action.

6. These procedures are not intended to prevent an intern from pursuing a grievance under other mechanisms available to VA employees, including EEO, or under the mechanisms of any relevant professional organization, including APA or APPIC. Interns are also advised that they may pursue any complaint regarding unethical or unlawful conduct on the part of psychologists licensed in the State of Nevada by contacting the office of the Board of Psychological Examiners (http://psyexam.nv.gov/).

Policy and Procedures for Problematic Intern Performance and Due Process

The Psychology Internship Program seeks to actively promote professional growth and development. The program attempts to offer a training context wherein interns can experience sufficient professional safety to recognize, examine, and improve upon the totality of professional functioning. Accordingly, the aim of self-reflection and growth, interns are encouraged to seek continuous feedback and openly discuss growth areas with supervisors. Throughout the training year, supervisors work with interns to further examine both areas of strength and areas for growth. Through professional self-reflection and supervision, the goal is that interns are continuously aware of their progress as measured by performance with respect to their learning plans and overarching program competencies. An additional component of supervision is identification of problem areas or deficiencies. The Psychology Internship Program's goal is to identify and make interns aware of problematic areas or deficiencies as early in the internship year as possible. Early identification of problem areas and continuous formative feedback allow for appropriate opportunities to craft pathways to address the problem area(s) and build upon strengths.

Areas of professional functioning are assessed via informal and formal evaluation processes throughout the training year. Professional behaviors are specifically incorporated into the Psychology Intern Evaluation forms, which are completed triannually by rotation supervisors and interns. All professional competencies, as well as comportment, are monitored continuously and faculty discussions regarding performance are frequent.

Definitions of Problematic Intern Performance

Intern problematic performance is broadly defined as behaviors that interfere or impede professional functioning and may manifest in one or more of the following areas (note: the following is not intended to be exhaustive):

1. (Ethics) Violation of American Psychological Association or Veterans Health Administration professional and/or ethical standards.
2. (Policy Adherence) Non-adherence to the policies, rules and regulations of the Psychology Internship Program, the VA Southern Nevada Healthcare System or the Veterans Health Administration.
3. (Competencies) Evidenced and documented failure to acquire professional skills that reach an acceptable level of competency as measured by overarching program competencies and evaluations.
4. (Comportment) Deficits with respect to controlling personal stress and/or excessive emotional reactions such that a recurrent negative impact on professional functioning is evidenced.
5. (Interprofessional Functioning) Demonstrated deficit in the ability to interact effectively and with proper decorum in an interprofessional collaborative care environment.

With respect to the VASNHS Psychology Internship Program, “problem” refers to a psychology intern’s behaviors, capacities, attitudes, or other characteristics which are perceived to not be in accord or appropriate for professionals in training at the psychology intern level. There may be instances where a problem is seen as serious and commensurate disciplinary action will be taken. Serious problems are likely to include one or more of the following characteristics:

1. the intern does not acknowledge, understand, or address the problem when it is identified;
2. the problem is not merely a reflection of a skill deficit which can be rectified by academic or didactic training;
3. the quality of services delivered by the intern is sufficiently negatively affected;
4. a disproportionate amount of attention by training personnel is required, and/or
5. the intern behavior does not change as a function of feedback, remediation efforts, and/or time.

Procedures and Due Process

In the event that a supervisor discerns an intern problem area or deficiency which cannot, in the opinion of the supervisor, be remedied by customary supervisory supports and interventions, the supervisor advises the Psychology Training Director of the problem and/or deficiency. The Psychology Training Director will conduct an investigation of the alleged problem by gathering information regarding the alleged problem and reviewing the intern’s overall performance, which may include, if appropriate, obtaining information from the identified intern.

The Psychology Training Director will then present the information obtained in the investigation to a meeting of the Training Committee and will also advise the Chief of Psychology of the circumstances. The Training Committee will conduct a thorough review of the intern's performance and the circumstances surrounding the alleged problem, including one or more meetings with the intern to vet his/her account of events. Following investigation, The Training Committee with make a determination via a consensus vote as to whether or not to label the intern "problematic," which denotes the possibility of remediation and/or discontinuation of training. If a problem determination is made, a further decision is made by majority vote of the Training Committee to either (1) construct a remedial plan which, if not successfully completed, would be grounds for termination; or (2) initiate the termination procedure. The Intern will be notified in writing of the decision.

Appeal

Should the Training Committee recommend termination of training or remedial action, the intern may invoke his/her right of appeal to the Chief of Psychology. This appeal must be made in writing within 10 business days. The Chief of Psychology will then conduct a second investigation of the alleged problem by gathering information regarding the alleged problem and reviewing the intern's overall performance, which may include, if appropriate, obtaining information from the identified intern. In addition, the Chief of Psychology may appoint one or more psychologists to assist him/her in responding to the appeal. These psychologists would not be on the Training Committee (nor would have supervised the intern) and may include someone from another APA-accredited program. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will render a written decision within 15 business days. The training program shall abide by the decision of the appeal process.

Remedial Action

An intern who is determined to be "problematic" may also be potentially able to benefit from remedial action. Upon such determination, members of the faculty at the intern's graduate program, including the Director of Clinical Training, will be advised of the Training Committee's "problematic" determination and the Training Committee's recommendation for a "remedial action plan." In addition to notification, members of the faculty at the intern's graduate program, including the Director of Clinical Training, will be consulted for input into the development of the "remedial action plan." Following appropriate consultation with the intern's graduate program, the intern will be asked to meet with the Training Committee to discuss the "problematic" determination and to outline the specifics of the "remediation action plan." When the plan for remedial action has been finalized, including the details of the necessary correction, the intern will receive written explanation of the problematic area, the correction required and the details of the remedial action. The plan will specify the time frame for the completion of the remedial action plan, the corrective action and the procedure for determining that the correction has been adequately achieved. If the correction has not been accomplished, either a revised remedial action plan will be constructed, or Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will

proceed to terminate training of the intern.

Types of Remedial Action

The Psychology Internship Program aims to develop professional competence. It may be the case that an intern is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In this circumstance, the internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. The problem identified may be of sufficient seriousness that the intern would not complete the internship and not receive credit for the internship unless identified issues are remedied.

Problematic behaviors must be brought to the attention of the Training Director at the earliest opportunity, so as to allow the maximum time for remedial action efforts. The Training Director will inform the Training Committee of the concern, and call a meeting of the Training Committee. There are three progressive types of remedial action to address problematic behaviors:

1. Unless the problem is identified to be of sufficient seriousness that would warrant termination or an automatic Formal Remediation Plan, the intern will initially be placed on an Informal Remediation Plan. The Informal Remediation Plan involves a meeting between the intern, the Training Director, the Associate Training Director, and the intern's supervisors to discuss the identified problem and to develop a plan of action to remediate the problem. As this type of remedial action is informal, it does not need to be reported to the intern's Academic Training Director or to potential postdoctoral training sites.

2. If a problem is not sufficiently remediated through Informal Remediation, or if an identified problem is of sufficient seriousness that informal remediation is not indicated, the Intern will be provided a Memorandum of Problematic Behavior. This written Memorandum will outline the identified problematic behavior as well as formal steps to be taken both by the intern and by Training Committee staff to remediate the behavior. This type of remedial action is reported to the intern's Academic Training Director, however, it does not need to be reported to potential postdoctoral training sites.
3. A Formal Remediation Plan will be initiated if the intern's identified problematic behavior is not sufficiently remediated through the Informal Remediation Plan and/or the Memorandum of Problematic Behavior, or if an initial identified problematic behavior is determined by the Training Committee to necessitate a Formal Remediation Plan. The Formal Remediation Plan and probationary status are outlined as follows:
An intern identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training Committee determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.

The Training Committee may require the intern to take a particular rotation, or may

issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

The intern, the intern's supervisor, the Director of Psychology Training, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem.

Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist the intern's remediation. The new placement will be carefully chosen by the Training Committee and the intern to provide a setting that is conducive to working on the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.

The intern and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than monthly) regarding the intern's progress.

The Director of Clinical Training of the intern's graduate program will be notified of the intern's probationary status, and will receive a copy of the learning contract. It is expected that the VASNHS Psychology Internship Program Training Director will have regular contact with the Academic Training Director (i.e., the intern’s graduate institution Director of Clinical Training), in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized in at least two written progress reports per training year, which will be placed in the intern's file. The intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.

The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.

If the intern is not making progress, or, if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will so inform the intern at the earliest opportunity.

The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract.

An intern may appeal the Training Committee's decision to the Chief of Psychology. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for

Education will render the appeal decision, which will be communicated to all involved parties, to the Training Committee, and to the Director of Clinical Training of the graduate program.

Illegal or Unethical Behavior

At all times, interns are expected to act in accord with the ethical and legal standards of the profession, including the Ethical Principles of Psychologists and Code of Conduct and the General Guidelines for Providers of Psychological Services of the American Psychological Association. Interns are expected to comply with all applicable state and federal laws, all of the Rules and Code of Nevada Board of Psychological examiners, and the Code of Conduct for Medical Staff of the VA Southern Nevada Healthcare System. In addition, interns are expected to be familiar with and adherent to Medical Center Memoranda and applicable Standard Operating Procedures. Interns are expected to be adherent to all documentation guidelines within rotations. Documentation guidelines are as per the direction of the supervisor as stipulated by the facility's Provision of Care and Scope of Practice documents, as well as best practice standards.

Illegal or unethical conduct by an intern should be brought to the attention of the Psychology Training Director in writing. Any person who observes such behavior, whether faculty, trainee, or other concerned person has the responsibility to report the incident.

- The Psychology Training Director, the supervisor, and the intern may address infractions of a minor nature. A written record of the complaint and action become a permanent part of the intern's file.

- Any significant infraction or repeated minor infractions must be documented in writing and submitted to the Training Director, who will notify the intern of the complaint. Per the procedures described above, the Training Director will call a meeting of the Training Committee to review the concerns, after providing notification to all involved parties, including the intern and Director of Clinical Training of the graduate program. All involved parties will be encouraged to submit any relevant information and will be invited to attend the Training Committee meeting(s).

- In the case of illegal or unethical behavior in the performance of patient care duties, the Psychology Training Director will seek advisement from appropriate Medical Center resources, which may include the Office of Risk Management, Chief of Staff's Office, VA Police, Human Resources, Information Security and/or District Counsel.

- Following a careful review of the case, the Training Committee may recommend either probation or dismissal of the intern. Recommendation of a probationary

period or termination shall include the notice, hearing and appeal procedures described in the above section pertaining to insufficient competence. A violation of the probationary contract would necessitate the termination of the intern's appointment at the VA Southern Nevada Healthcare System.

Trainee-Staff Boundary Guidelines:

I. Purposes

The purposes of these guidelines are to ...

(1) provide a definition of multiple role relationships and related terms;
(2) discuss the inevitable, beneficial, and problematic aspects of multiple role; relationships and boundary issues;
(3) provide guidance in assessing and responding to multiple role relationships and potential boundary violations
(4) provide guidance on reporting alleged ethical violation(s)

II. Definition of Terms

Staff - Any individual employed full-time or part-time at the VASNHS. This includes professional and support staff.

Trainee – Any individual who is receiving clinical training/education at the VASNHS who does not meet the definition of Staff above. This includes individuals who receive salary or stipends by the VA, the University or other entity as part of an internship, fellowship, residency, clerkship or other defined clinical training or educational program.

Multiple Role Relationships Between Trainees and Staff - By the nature of their duties and responsibilities, staff are often involved in a wide variety of roles. These include supervisor, preceptor, clinician, administrator, committee member, seminar presenter, colleague, and others. For the purposes of this document, multiple role relationships are defined as those situations in which an individual functions in two or more professional roles, or functions in a professional role and some other non-professional role.

Conflict of Interest – Formal Definition - “occurs when an individual or organization is involved in multiple interests, one of which could possibly corrupt the motivation for an act in the other.” This most often applies when there is a power differential in the relationship such as when one individual has supervisory authority or is in an evaluative role over the other.

III. Inevitability and Beneficial Aspects of Multiple Role Relationships

Although multiple role relationships have the potential to create conflicts of interest and confusion among staff persons, it can nonetheless be argued that they are an inevitable part of the fabric of human relationships and most especially of professional life in a large academic health care setting such as the VASNHS. This is particularly true for a

large training agency, where the varying professional roles each staff person may play are prone to overlap (e.g., a trainee's clinical supervisor may also function as a department head or in another leadership role). Interns who are supervising pre-doctoral practicum students, and thus learning the complicated dynamics of a supervisory relationship, must consider the ethical nature and appropriateness of their interactions with their trainee as outlined within this policy.

It can also be argued that multiple role relationships can and do have beneficial effects. They may sometimes enhance the variety and depth of experiences at an agency. This is especially true when the multiple roles are linked to a mentoring, role modeling, or professional development process of trainees. In these contexts interactions between trainees and staff often parallel the collegial interactions between professional staff.

Given the inevitability and potential beneficial aspects of multiple role relationships, these guidelines are not intended to do away with all multiple role relationships. Rather they are intended to serve as a guide to balance multiple roles and minimize the potential negative consequences.

IV. Problematic Aspects of Multiple Role Relationships

Multiple role relationships can present a number of problems, not just for the participants but also for the environment of the center. The occurrence of multiple relationships between individuals can blur the boundaries between relationships. This can result in confusion on the part of the individuals as to expectations, reactions, and behaviors in their interactions with each other. The confusion that can result from multiple role relationships can jeopardize effective and appropriate maintenance of each role. This is especially problematic when one of the role relationships is characterized by an imbalance of power.

Multiple role relationships can also have consequences for the agency as a whole, as they engender an environment of indebtedness, favoritism, and inclusion/exclusion. These unfavorable conditions may also have a deleterious impact on the relationships between members of the trainee cohort group.

V. Guidelines for Dealing with Potential or Actual Multiple Role Situations

In evaluating the possibility for conflict of interest or other difficulties in a potential multiple role relationship situation, the following APA ethical guidelines are offered:

1. **3.05 Multiple Relationships**
   A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

2. **3.08 Exploitative Relationships**
   Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants, and employees.

3. **7.07 Sexual Relationships with Students and Supervisees**
   Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority.

4. Refer to the codes of ethics of various disciplines, such as the American Psychological Association (June 2003, including 2010 and 2016 Amendments), the National Association of Social Workers (2008), and the American Psychiatric Association (2013). Also refer to the Code of Federal Standards of Ethical conduct for Employees Codified in 5 C.F.R. Part 2635

5. Be mindful of the power differential in relationships between staff and those in a training status.

6. Avoid situations that may be perceived as favoritism.

7. Be overtly clear about the role you are acting in when multiple role relationships exist-discuss with the other person(s) involved the possible conflicts, consequences, and solutions accompanying the anticipated multiple role relationship(s).

8. Consult with other senior staff members, colleagues, administrative supervisor, or the VASNHS Ethics Committee to gain insights which the persons involved might have difficulty ascertaining.

9. In some cases (e.g., where an administrator is one of the parties involved in the multiple role relationship), other administrators within the agency or an external consultant might be utilized to provide insight or mediate the issues involved or these issues could be brought to a senior staff meeting.
10. In all discussions of an anticipated multiple role relationship, consider the following questions:

    a. Could this situation jeopardize the staff member's ability to evaluate or supervise a trainee objectively? Conversely, could a trainee's ability to evaluate a supervisor or program objectively and without fear of reprisal be impaired?
    b. Could this situation create a feeling of being exploited by or overly indebted to another staff member?
    c. Could this situation make it more difficult for one staff member to maintain

appropriate limits and boundaries with another staff member, particularly one who possesses more power in the agency?

d. Could this situation create the perception of favoritism, exclusion, or distrust in other staff members?
e. Could this situation affect the agency in some other negative way (e.g., negative perceptions of the agency as a whole or impact accreditation status)?

VI. Guidelines for Social Relationships Between Staff and Trainees

In considering the types of social interactions that may take place between staff and trainee, the following questions are offered to help determine the appropriateness of the interaction. Prior to engaging in a social activity, staff are encouraged to carefully consider through an honest assessment (and consultation if necessary) whether or not the planned social activity is appropriate, ethical, and in the best interest of the trainee:

1. Is the proposed social activity public vs. private?
2. Is the proposed social activity a group activity or an individual activity?
3. Is the proposed social activity time limited vs. open ended?
4. Does the proposed social activity take place during the workday or after working hours?
5. Is the proposed social activity an occasional activity or a regular and expected activity?
6. Does the proposed social activity provide the trainee freedom of choice or will they feel obligated to engage in the activity?
7. Whose needs are being met by the proposed social activity: the trainee's or the training staff member's?
8. Does one party stand to benefit financially from the interaction?

V. Guidelines for Reporting Alleged Ethical Violation(s)

Report any alleged ethical violations to the Psychology Training Director for review. Additional parties may be notified as deemed appropriate based on the nature of the alleged ethical violation(s).

VI. Summary

Awareness of the effects of multiple role relationships is evolving in the health care professions. The issue is a controversial and complex one. This document acknowledges the complexity of multiple relationships as well as their prevalence in training and agency environments. It calls for careful and thoughtful responses to actual and potential multiple role relationships. These responses will often involve consultation with a colleague or administrator of VASNHS.

The ultimate aim of this document is to assure that the VASNHS provides a positive learning environment for the persons who choose to train with us, as well as for all staff.

Such an environment must be free of any harmful multiple relationships so that trainees and other staff feel safe enough to risk themselves in the process of becoming and growing as therapists and professionals.

VIII. Relevant Policies and Ethical Guidelines

Standards of Ethical Conduct for Employees of the Executive Branch Codified in 5 C.F.R. Part 2635

VHA Directive 1004.06(2): Integrated Ethics October 24, 2018

VASNHS MCM 00-17-12: Integrated Ethics June 2017

Refer to ethical guidelines and practices within your discipline.

IX. Organizational Contact Information

Ethics Consultation Service may be accessed via email at
VHALASEthicsConsultation@va.gov
Regional Counsel (702) 791-9000 x46052

Probation and Termination Procedures

The Psychology Internship Program aims to develop professional competence. It may be the case that an intern is seen as lacking the competence for eventual independent practice due to a serious deficit in skill or knowledge, or due to problematic behaviors that significantly impact their professional functioning. In this circumstance, the internship program will help interns identify these areas, and provide remedial experiences or recommended resources, in an effort to improve the intern's performance to a satisfactory degree. The problem identified may be of sufficient seriousness that the intern would not complete the internship and not receive credit for the internship unless identified issues are remedied.

A problem of such magnitude must be brought to the attention of the Training Director at the earliest opportunity, so as to allow the maximum time for remedial action efforts. The Training Director will inform the intern and Training Committee of the concern, and call a meeting of the Training Committee. The intern and involved supervisory staff will be invited to attend, and encouraged to provide any information relevant to the concern. The Director of Clinical Training of the intern's graduate program will be notified in writing of the concern and consulted regarding his/her input about the problem and its remediation.

1. An intern identified as having a serious deficit or problem will be placed on probationary status by the Training Committee, should the Training

Committee determine that the deficit or problem is serious enough that it could prevent the intern from fulfilling the expected learning outcomes, and thereby, not receive credit for the internship.

2. The Training Committee may require the intern to take a particular rotation or may issue guidelines for the type of rotation the intern should choose, in order to remedy such a deficit.

3. The intern, the intern's supervisor, the Director of Psychology Training, and the Training Committee will produce a learning contract specifying the kinds of knowledge, skills and/or behavior that are necessary for the intern to develop in order to remedy the identified problem.

4. Once an intern has been placed on probation, and a learning contract has been written and adopted, the intern may move to a new rotation placement if there is consensus that a new environment will assist the intern's remediation. The new placement will be carefully chosen by the Training Committee and the intern to provide a setting that is conducive to working on the identified problems. Alternatively, the intern and supervisor may agree that it would be to the intern's benefit to remain in the current placement. If so, both may petition the Training Committee to maintain the current assignment.

5. The intern and the supervisor will report to the Training Committee on a regular basis, as specified in the contract (not less than monthly) regarding the intern's progress.

6. The Director of Clinical Training of the intern's graduate program will be notified of the intern's probationary status and will receive a copy of the learning contract. It is expected that the VASNHS Psychology Internship Program Training Director will have regular contact with the Academic Training Director (i.e., the intern’s graduate institution Director of Clinical Training), in order to solicit input and provide updated reports of the intern's progress. These contacts should be summarized in at least two written progress reports per training year, which will be placed in the intern's file. The intern may request that a representative of the graduate program be invited to attend and participate as a non-voting member in any meetings of the Training Committee that involve discussion of the intern and his/her status in the internship.

7. The intern may be removed from probationary status by a majority vote of the Training Committee when the intern's progress in resolving the problem(s) specified in the contract is sufficient. Removal from probationary status indicates that the intern's performance is at the appropriate level to receive credit for the internship.

8. If the intern is not making progress, or, if it becomes apparent that it will not be possible for the intern to receive credit for the internship, the Training Committee will so inform the intern at the earliest opportunity.

9. The decision for credit or no credit for an intern on probation is made by a majority vote of the Training Committee. The Training Committee vote will be based on all available data, with particular attention to the intern's fulfillment of the learning contract.

10. An intern may appeal the Training Committee's decision to the Chief of Psychology. The Chief of Psychology, the Training Director, and the Associate Chief of Staff for Education will render the appeal decision, which will be communicated to all involved parties, to the Training Committee, and to the Director of Clinical Training of the graduate program.

Review and Revision of the Training Manual

The Training Manual is reviewed and edited by the Training Director prior to the arrival of the incoming intern class. Staff and current trainees are invited to recommend changes or revisions. Any revisions made at this time, or earlier during the year, are to be incorporated into the body of the manual in order to accurately reflect program policy. The revised manual is to be distributed to all staff members and incoming interns.

Maintenance of Records

Permanent records will be kept for each Intern in written and/or electronic form. Written records will be kept in a locked file cabinet in the Training Director's office. Electronic records will be kept on a secure network drive.

Emergency Plans

Early in 2020 the world faced an unprecedented global crisis with the COVID19 pandemic. VASNHS Training Committee was fully supported by leadership to quickly devise emergency procedures to maintain the productivity, integrity, and rhythm of the training program with minimal impact on our trainees. Behavioral Health Service within VASNHS rapidly transitioned to telework for everyone's safety. Telework agreements were approved for interns who subsequently were set-up with PIV card readers and access to the VA network from their homes. Interns are furnished with VA computers for telework purposes. Supervision may be conducted virtually via video connection. Minor modifications were made to the training program in light of this unforeseen crisis. Interns were able to continue to engage in clinical practice in accordance with all APA and APPIC guidelines, thereby continuing to gain valuable experience utilizing telehealth as well as continuing to build clinical hours necessary for successful completion of internship. Interns were also able to continue engagement with all didactic activities. As a result of the COVID-19 pandemic, the Psychology Training Program developed a written Emergency Response Policy that can be used during any emergency situation. Starting in early 2021 interns have been issued VA laptops for telework purposes.

Emergency Response Policy

In response to the COVID-19 pandemic the VASNHS Psychology Training Program implemented the following emergency response policy. This policy is fluid and our response to the pandemic is subject to change based on needs and safety.

Definitions:

Telesupervision is clinical supervision of psychological services through a synchronous audio and video format where the supervisor is not in the same physical facility as the trainee.

In-person supervision is clinical supervision of psychological services where the supervisor is physically in the same room as the trainee.

Emergency: any event (e.g., natural disaster, mass casualty, pandemic, etc.) that requires an alteration in normal operations.

APA typically dictates that:
Programs utilizing ANY amount of telesupervision need to have a *formal policy* addressing their utilization of this supervision modality, including but not limited to:

- An explicit rationale for using telesupervision
- How telesupervision is consistent with their overall model and philosophy of training
- How and when telesupervision is utilized in clinical training
- How it is determined which trainees can participate in telesupervision
- How the program ensures that relationships between supervisors and trainees are established at the onset of the supervisory experience
- How an off-site supervisor maintains full professional responsibility for clinical cases
- How non-scheduled consultation and crisis coverage are managed
- How privacy and confidentiality of the client and trainees are assured
- The technology and quality requirements and any education in the use of this technology that is required by either trainee or supervisor.

Internship programs: Telesupervision may not account for more than one hour (50%) of the minimum required two weekly hours of individual supervision, and two hours (50%) of the minimum required four total weekly hours of supervision unless waived or amended by the Office of Academic Affairs (OAA).

During emergency situations, OAA may modify policies. For example, during COVID-19, OAA modified telesupervision requirements: "Telehealth visits where the trainees are not co-located with the supervisor (for example, patient, supervisor and trainee are all on a telehealth visit but are at three different locations) are **now permitted during this health crisis**.**"** While VA nationally does not encourage telesupervision, from time-to-time OAA may implement emergency guidelines that allow modification of established

policies and procedures as seen during the COVID-19 pandemic.

VASNHS strives to use telesupervision as a last resort only. VASNHS offers this form of supervision during an emergency response in order to provide the needed supervision to our trainees, while also allowing for access to mental health services to veterans during critical times. Within the VASNHS Psychology Training Program telesupervision may be used when in-person supervision is not recommended or permitted by current factors dictating hospital-wide activities; however, from time-to-time telesupervision may be utilized under special circumstances with prior approval from the Training Director.

Additionally, as recommended by OAA, the selection of trainee involvement in telesupervision will be discussed with the supervisor(s) and training director. Not all trainees may be appropriate for telesupervision. A trainee that is in need of higher oversight (e.g., in the room graduated level of responsibility, high need for feedback, identified competency concerns—even if not on a formal remediation plan) and trainees who have greater difficulty with self-initiative (e.g., proactively reaching out to supervisors, problem-solving technology issues or other issues) are less likely to be a good fit for telesupervision.

With the implementation of telesupervision, the training program and supervisor(s) ensure the following:

1) Clearly identified emergency procedures in case of patient crisis (trainee must additionally be aware of how to utilize emergency procedures)
2) Identification of how live supervision/observation will continue to be achieved (Note: this can be done by supervisors joining the VVC sessions).
3) Identification of back-up supervision. Typically, this would be the identified available on-site supervisor.
4) Ensuring the trainee has ability to access the supervisor in between one-to-one scheduled supervision sessions via email, Microsoft Teams, phone, and/or other electronic technologies.
5) Ensuring patients (just as is typically done) are able to access trainee supervisors. This is something that can also be done by supervisors joining VVC sessions.
6) Ensuring the supervisors continue to give timely and meaningful feedback to the trainee, which can be particularly important given the physical distance between the trainee and supervisor.
7) Being thoughtful in selection of supervisors to engage in telesupervision. Supervisors should be comfortable with the use of technology, be proactive in their engagement with trainees (i.e., available in between supervisory sessions, reaching out to trainees to check-in rather than passive, responsive to email/Skype/phone), and be willing/flexible to adapt to telehealth and telesupervision.
8) Trainee and supervisors should all be logged-in to Microsoft Teams as well as provide and maintain access to phone contact.

9) Trainee should inform supervisors of scheduled patient sessions to ensure supervisors can be available for consultation in the same manner that would be expected of in-person supervision.
10) Trainee informs the supervisor and Training Director should the format of supervision not meet their training needs.
11) Supervisors make it known that they maintain full responsibility for clinical care provided by the trainee.
12) Supervisors ensure their trainees have both the technology (i.e., hardware and software) as well as the education in the use of the technology to use prior to the start of telework.
13) Supervisors are responsible for ensuring the privacy and confidentiality of the patient as well as the trainee.

This policy is reviewed biennially or upon special guidance from OAA or request by VASNHS Executive Leadership.

Dismissal from Training Committee Policy

Membership in the Training Committee is by application and vote. Appointment to Training Committee comes with commitment not only to those in training but to colleagues on the Training Committee. In cases where a member of the Training Committee fails to attend regularly scheduled meetings, those members will be dismissed from the Training Committee.

1. Training Committee Supervisors: Any supervisor missing four (4) meetings in one academic year without extenuating circumstances* or prior approval from the Training Director (or designee) will be dismissed from the Training Committee
2. Training Committee Members at-Large: Any non-supervisory member missing three (3) meetings in one academic year without extenuating circumstances* or prior approval from the Training Director (or designee) will be dismissed from the Training Committee.

*Extenuating circumstances may include and are not limited to: Tour of Duty limitations, Annual Leave, Sick Leave, FMLA, Deployment, and/or Maternity Leave.

Once the required number of sessions have been missed, the Training Director shall issue notice to the member informing them of their dismissal from the Training Committee. Additionally, the Chief of Psychology shall be notified of the dismissal from the Training Committee.

Training Faculty

Nicole Anders, Psy.D.
Dr. Anders is a bilingual staff psychologist within the Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team. She is the Acting Director of Psychology Training.

She is the Military Sexual Trauma (MST) treatment coordinator and the Evidence-Based Psychotherapy (EBP) coordinator for the hospital. She earned her Master's and Psy.D. degrees at Argosy University in Orange County, California. She completed her pre-doctoral internship at VA Caribbean Healthcare System in San Juan, Puerto Rico. She stayed at the San Juan VA to complete her post-doctoral fellowship, specializing in Women's Health. Dr. Anders is also a yoga instructor which aids her perspective in treating patients holistically from a mind-body orientation. She previously created several yoga programs within the hospital and was the first Employee Whole Health Coordinator from 2021 to 2022. Though she identifies with more dynamic and holistic therapeutic perspectives, she is also trained in and utilized many evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Cognitive Behavioral Therapy, and Acceptance and Commitment Therapy. Dr. Anders is mom of two beautiful boys and loves to take them hiking and adventuring to the beach. She also enjoys a good (decaf) latte with friends or a long nap.

Onyinyechi Anukem, Ph.D.
Dr. Anukem is a staff psychologist in Primary Care Mental Heal Integration (PCMHI) at the VA Southern Nevada Healthcare System. She earned her master's and doctoral degree in clinical psychology from Saint Louis University where she trained in outpatient, community, and primary care settings. She completed her pre-doctoral internship at the University of Miami Counseling Center in Miami, FL and a pre-doctoral residency at Ciminero & Associates, a private practice psychology group. Dr. Anukem completed a health psychology post-doctoral fellowship at Ascension Genesis Hospital in Grand Blanc, MI with a focus on behavioral health consultation, program development and evaluation, and medical education. Her clinical interests include integration of mental and physical health, adjustment to new and chronic conditions, pain management, group psychoeducation, and impact of social determinants of health on mental health functioning. Her therapeutic approach relies heavily on evidence based interventions such as CBT and ACT, however it is flexible and eclectic in nature. Dr. Anukem also enjoys, traveling, kayaking, all things involving the ocean, karaoke, and dancing like no one is watching.

Elizabeth (Beth) Briggs, Psy.D.
Dr. Briggs is the Program Manager for PCMHI, facility trainer for PCMHI at VASNHS, and a national consultant for the VA's CBT-I training program. She earned her doctorate in clinical psychology from Antioch University New England. Dr. Briggs completed her pre-doctoral internship at Cherokee Health Systems and post-doctoral fellowship at Edith Nourse Rogers Memorial VA Medical Center. Dr. Briggs has worked in various settings, primarily in primary care behavioral health, including academic medical centers, federally qualified health centers, and community mental health centers. Clinical interests include primary care behavioral health, sleep disorders, women's issues including pregnancy and adjusting to motherhood, and working with underserved populations (e.g. rural, refugees, low income families). Therapeutic approach integrates psychodynamic theory with CBT and mindfulness techniques. Dr. Briggs skates on the local roller derby team. When not on eight wheels, or doing derby related activities, she

enjoys hiking, camping, baking, watching movies, and being a homebody with her partner and their pets.

Leandrea Caver, Ph.D.
Dr. Caver earned master's and doctoral degree in clinical psychology from Saint Louis University where she trained in outpatient, community, and forensic settings. She completed her pre-doctoral internship at the Center for Behavioral Medicine in Kansas City, MO with a forensic psychology and DBT emphasis. She completed her post-doctoral fellowship at Desert Psychology, a forensic private practice in Las Vegas. After completing her fellowship, she then accepted a position as a BHIP psychologist at the VA Southern Nevada Healthcare System. Her clinical interests include group psychotherapy, recovery-oriented care, substance use disorders, working with those recently released from jail/prison, and cultural-sensitive/culturally-adaptive interventions. Therapeutic approach is flexible and includes the following modalities: CBT (including CBT-D and CBT-SUDs), DBT, and CPT. Dr. Caver is also a loud and proud-comic reading, video-gaming, anime-watching nerd. When she's not being a stereotypical gamer she is playing with her rottie and two cats, going to the archery range to challenge her husband, or cuddling her adorable baby girl.

Lisa M. Duke, Ph.D.
Dr. Duke is a Staff Neuropsychologist in the Behavioral Health Service at the VA Southern Nevada Healthcare System. She received a doctoral degree in Clinical Psychology from the University of Arizona with specialization in clinical neuropsychology. She completed an APA-approved psychology internship at the New Orleans VA Medical Center, with rotations in outpatient and inpatient neuropsychology, behavioral medicine, women's stress disorders treatment program, and inpatient rehabilitation. Dr. Duke completed a postdoctoral fellowship in clinical and research neuropsychology at the New Orleans VA. She utilizes a flexible battery, Boston process approach to neuropsychological assessment. Her areas of research interest include awareness of deficit/metacognition in Alzheimer's disease and degenerative dementias and the cognitive deficits associated with posttraumatic stress disorder. She has worked as a neuropsychologist in both clinical and academic settings, as well as within the pharmaceutical industry.

Pamela (Pam) Finder, Psy.D.
Dr. Finder is a Staff Psychologist at the VA Southern Nevada Healthcare System and the current PTSD Program Coordinator. She earned her doctorate degree in Clinical Psychology from The American School of Professional Psychology at Argosy University/Washington DC. She completed her pre-doctoral internship at the Wisconsin Department of Corrections. Before coming to the VA, Dr. Finder worked in various settings, including several correctional facilities, private practice, and the Department of Defense (DoD). Although currently in the PTSD Program, she worked for many years in Primary Care Mental Health Integration (PCMHI). Clinical interests, outside of PTSD work, include primary care behavioral health, sleep disorders, pain management, and group psychoeducation. Her therapeutic approach is flexible and eclectic in nature, but focuses strongly on CBT principles.

Ronald Freche, Ph.D.
Dr. Freche is a Staff Psychologist in the Pain Management Clinic at the VA Southern Nevada Healthcare System. He earned his doctorate in clinical health psychology from the University of Kansas. Dr. Freche completed his pre-doctoral internship at Central Texas Veterans Healthcare System's Temple, Texas VA Medical Center and post-doctoral fellowship at Loma Linda VA Medical Center. Dr. Freche has worked in primary care behavioral health and MHC/BHIP clinics before providing services at the Las Vegas VAMC's Pain Management Clinic. His clinical interests include the use of mindfulness, CBT-CP, ACT, and DBT-informed approaches to coping with chronic medical conditions such as pain syndromes, diabetes, cancer, multiple sclerosis, and sleep disorders. Additional interests include protective factors, positive traits, and strengths-based approaches to coping, especially among vulnerable and underserved populations. Dr. Freche enjoys travel, pop culture, and exploring the National Parks system. When at home he enjoys spending time with a menagerie of spoiled animals, working on 90s JDM vehicles, and collecting Batman memorabilia.

Kara L. Klingspon, Ph.D., ABPP
Dr. Klingspon is a Staff Psychologist with both the Behavioral Health Integration Program (BHIP) and the Couple and Family Program at the VA Southern Nevada Healthcare System. She is board certified in Couple and Family Psychology. She completed her bachelor degree, MS in Marriage and Family Therapy and her clinical psychology MA and doctoral degrees at the University of Nevada, Las Vegas where her research focus was on bereavement and unfinished business. Her training includes experience at two community clinics, a cancer center, and the VA. She completed her pre-doctoral internship with the VA Southern Nevada Healthcare System in the BHIP and the Addictive Disorders Treatment Program (ADTP), and completed a Clinical Psychology Postdoctoral Fellowship with the Couple and Family Program at VA Puget Sound in Seattle, WA. After completing her postdoctoral fellowship, Dr. Klingspon returned to the VA Southern Nevada Healthcare System.

Dr. Klingspon takes a systemic and integrative approach to treatment of individuals and couples, and is certified in Integrative Behavioral Couples Therapy (ICBT), Cognitive Processing Therapy (CPT), Interpersonal Psychotherapy for Depression (IPT-D), Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), and is trained in Eye Movement Desensitization and Reprocessing (EMDR).

Benjamin Loew, Ph.D., ABPP
Dr. Loew is the Chief of Couples and Family Services at the VA Southern Nevada Healthcare System, and is board certified in Couple and Family Psychology. He completed his bachelor's degree at the University of Pennsylvania, working in research at the Positive Psychology Center and subsequently at the Center for the Treatment and Study of Anxiety. He completed clinical psychology master's and doctoral degrees at the University of Denver Department of Psychology, including the Southwest Consortium Doctoral Psychology Internship in Albuquerque, NM. He then completed a Clinical Psychology Postdoctoral Fellowship at the Family Mental Health Program of the VA San Diego Health Care System. His clinical, training, and research interests include evidence-based couple and family psychotherapies and psychoeducation, as well as

the use of such interventions in healthcare systems, via electronic delivery, and for vulnerable populations.

James Maltzahn, Psy.D.
Dr. Maltzahn is the dual-diagnosis staff psychologist within the Posttraumatic Stress Disorder (PTSD) Clinical Treatment Team in which he currently primarily does trauma work, but also ADTP groups. He earned his Master's degree in Counseling at George Mason University in Fairfax, VA and his Psy.D. degree at Adler University Chicago, IL. Dr. Maltzahn completed his pre-doctoral internship at VA Southern Nevada Healthcare Center. He stayed at VA Southern Nevada as a Graduate Psychologist in the PTSD clinic. Though he identifies with more Rogerian and ACT perspectives, he is also trained in and utilized many evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy, Eye Movement Desensitization and Reprocessing, Parts and Memory, and Cognitive Behavioral Therapy. On his free time, Dr. Maltzahn enjoys being with friends, working out, playing softball or golf, or just watching a movie.

Shanna Mohler, Psy.D.
Dr. Mohler is a Clinical Neuropsychologist within the Behavioral Health Service at the VA Southern Nevada Healthcare System. She works in the Outpatient Neuropsychology Clinic and serves as part of the Polytrauma Support Clinic Team. She earned an M.A. and Psy.D. in Counseling Psychology at the University of St. Thomas in Minneapolis, MN. She completed a pre-doctoral geriatric-focused internship at the Madison, WI VA and two postdoctoral fellowships – a one-year fellowship in Gero-Neuropsychology at the Miami VA Medical Center and a two-year fellowship in Clinical Neuropsychology at the Central Arkansas VA. She provides comprehensive outpatient neuropsychological evaluations to Veterans with various neurological, medical, and psychiatric conditions. Areas of interest include neurodegenerative diseases, traumatic brain injury, and cognitive rehabilitation.

Alexandria Moorer, Psy.D.
Dr. Moorer is a Staff Psychologist at VA Southern Nevada Healthcare System and is the Program Coordinator for the Addiction Disorder Treatment Program (ADTP). She earned her bachelor's degree from Westminster College and clinical psychology master's and doctoral degrees from The Arizona School of Professional Psychology at Argosy University Phoenix. Dr. Moorer completed her pre-doctoral internship at the University of Nevada Las Vegas Counseling and Psychological Services (CAPS). After completing her internship, she completed her post-doctoral fellowship in addictions at the John D. Dingell VA in Detroit, Michigan. Clinical interests include addictions, group therapy, and diversity. Her therapeutic approach is integrative, with an emphasis on CBT and Multicultural counseling.

Tricia M. Steeves, Ph.D.
Dr. Steeves in a clinical psychologist on the LVR3 treatment team at the VA Southern Nevada Healthcare System. She earned her bachelor's degree in psychology from UCLA, her master's degree in clinical psychology from Antioch University Los Angeles, and her doctoral degree in counseling psychology from University of Northern Colorado. Dr. Steeves completed her pre-doctoral internship at the Salt Lake City VAHCS and her

post-doctoral fellowship at EDCare Denver. Dr. Steeves has also worked as a police psychologist, conducting pre-employment evaluations in Utah and Colorado. Clinical interests include addictive behaviors, PTSD, eating disorders, moral injury, and couples counseling. Her most favorite interventions include ACT, IPT, mindfulness, EMDR, and IBCT. Her supervision style is developmental with an encouraging nod towards ongoing self-reflection. Dr. Steeves also enjoys yoga, hiking, hanging with her hubby and their two goofball dogs, listening to music from the 80s (which she never thinks of as "oldies,"), watching the Saints and the Golden Knights win, and attempting to learn to speak Japanese.

Meghan Walls, Psy.D.
Dr. Walls is a Behavioral Health Interdisciplinary Program (BHIP) Psychologist at VA Southern Nevada Healthcare System. She earned her bachelor's degree in Human Development from Oregon State University. She completed her Clinical Psychology Master's and Doctoral degrees at Pacific University in Portland, Oregon. Her pre-doctoral internship program was at the VA Southern Nevada where she worked in BHIP and the Addictive Disorders Treatment Program (ADTP). After completing her internship, Dr. Walls accepted a BHIP Staff Psychologist position. Clinical interests include anxiety spectrum disorders, depression, and military sexual trauma (MST). She frequently uses evidence-based protocols including CBT-CP, ACT-D, CPT, EMDR, PE, ERP, and STAIR. She has experience working directly with the LGBTQ+ community and is part of the Transgender Care Team at the VA Southern Nevada. Her primary therapeutic orientation is CBT, which she incorporates with skills from ACT and DBT. Dr. Walls is proud of her "geek lifestyle" and often supplements therapy with metaphors from Star Trek, Doctor Who, and comic books. She has 2 dogs, a hedgehog, and a cat whom she shamelessly spoils. While psychology is the main passion in her life, travel is a close second.